

Hornet's Boys Basketball Camp – July 2019

I understand I am financially responsible for any medical bill incurred by my child while at camp. I authorize the staff of the Hornet's Boys Basketball Camp to act as they see fit in the event of an emergency.

I hereby release and discharge the staff of the Hornet's Boys Basketball Camp of and from any and all manner of actions, suits, damages, claims and demands on account of personal injury or death arising from my child's participation in any of the camp activities.

Parent Signature

Parent Name (Printed)

Parent Email Address

Date