

**MONTGOMERY COUNTY FUTURE INDIANS BASKETBALL CAMP**  
**REGISTRATION FORM**

Camper's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

T-Shirt Size: please circle one

YS YM YL S M L XL XXL

School: \_\_\_\_\_

**WAIVER**

If my child needs emergency medical treatment, consent is hereby granted for such emergency treatment as deemed necessary by the staff of Montgomery County High School and/or medical personnel. I hereby waive and release Montgomery County High School and all Camp Staff from any liability for injuries incurred while participating in the camp.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Emergency Contact Phone Numbers:

\_\_\_\_\_