

2018 Little Cru Basketball Camp

K-4th Grade

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Circle One: June 29th (10:00am-12:00)

August 10th (10:00am-12:00)

Student Name: _____ Parents Name: _____

Address _____ City _____ State _____ Zip _____

Email: _____ Phone: _____

School _____ Age: _____ Grade: _____

I, (please print) _____, as parent/legal guardian of the participating minor _____ in the UMHB Boys Basketball Camp, hereby release UMHB and the UMHB Boys Basketball Camp Staff from any and all claims that might arise from injury suffered from participation of said minor in the UMHB Boys Basketball Camp. The UMHB Boys Basketball Camp Staff reserves the right to excuse a camper, if needed, for disciplinary reasons with no \$ refund.

Parent/Legal Guardian (*signature*)

_____ Date _____

Mail Completed Forms To:

University of Mary Hardin-Baylor
900 College Street
UMHB Station Box 8010
Belton, TX 76513

Make Check Out To:

Zane Johnston

Or Register Online At:

www.umhbbasketballcamp.com

Questions?

Office: 254-295-5197

Email: ZJohnston@umhb.edu