

2019 BOYS BASKETBALL CAMP AT SEAMAN HIGH SCHOOL JUNE 24 – JUNE 27, 2019



K - 4 8:00 AM – 10:15 AM
5 – 8 10:15 AM – 12:30 PM
9 – 12 12:45 PM – 3:00 PM

----- *Cut and return the bottom of this sheet with your payment.* -----

NAME OF PLAYER _____

PLAYER PHONE # _____

E-MAIL ADDRESS _____

GRADE (2019-2020) _____

SHIRT SIZE: (Circle One) YS YM YL S M L XL XXL

Parent or guardian must sign this form giving permission to attend this clinic.

I approve of the clinic personnel who will be in charge of this activity. Realizing that the leaders are serving to the best of their ability and in consideration of the benefits to be derived by the participant concerned, I hereby voluntarily waive any claim against the clinic personnel or USD 345 for any and all causes, which may arise in connection with this activity. This activity is not sponsored by Seaman School District and the school district is not responsible for any loss or injury resulting from participation in the activity or observing the activity. I also certify to the best of my knowledge that the participant named here on is physically fit to engage in all clinic activities.

Parent or guardian signature: _____ Date: _____

Phone # _____

Camp Registration is \$50.

To register and pay by credit card, use this link: <https://usd345.revtrak.net>

Register by mail, send this form with a check payable to Seaman Boys Basketball:

Seaman High School
% Boys Basketball
4850 NW Rochester Road
Topeka, KS 66617

Questions? Coach Cox 785-221-8160 or ccox@usd345.com