Basketball Camp Redeemer Lutheran School Preparing Christian Leaders

	1	
Student Name sex age D.O.B.		
Street City State Zip		
E-mail address Basketball CAMP (9:00 AM – 12 Make Payments out to Redeemer L	:00 PM) (\$85/week) utheran Church & School {Please no	ote "Basketball Camp" in memo}
Mom's name:	Phone: ()	
Dad's Name:	Phone: ()	
	Dad's Cell: ()	
Authorized to pick up (other than		
NOT Authorized to pick up:		
Please answer the following:	ditions to which we should be alerted:	
Initial that you have read the summ	palance of camp fees is due before the	ormation sheet.
As legal guardian of	of liability, medical authorization, I rec	cognize that potential severe injuries can occur in sport untarily consent to the
aforementioned person participating	ng fully aware of these dangers, I volu g gin any and all Redeemer programs D HEREBY RELEASES, WAIVES,	s and activities and accept all risks associated with that
		its directors or employees (hereinafter referred to as
· · · · · · · · · · · · · · · · · · ·	undersigned, his person representativency claim therefore on account of inju	ury to the person or property or resulting in death of un
	egligence of the releasees or otherwis	se while the undersigned or participation in any program with Redeemer Luthera
	NDERSIGNED HEREBY AGREES	
	SS the releasees of each of them from n, upon or about the Redeemer premi	n any loss, liability, damage, or cost they may incur due
		on in any program affiliated with Redeemer whether
caused by the negligence of the rele		he taken to absorpted for modical treatment and I hold
Redeemer Lutheran Church and Sch	hool and its representatives harmless	be taken to ahospital for medical treatment and I hold in their execution of this
action. THE UNDERSIGNED HAS REAL), UNDERSTOOD AND VOLUNTA	ARILY SIGNS THE ACKNOWLEDGEMENT OF RIS
	further agrees that no oral representat	
inducement apart from the foregoin	g written agreement have been made).
Parent/Legal Guardian Signature:		Date
i archiv Legar Quartifali Signature.		Date