



Winter School District Booster Club, Inc
 PO Box 310
 6585 W Grove Street Winter, WI 54896
 715-266-3301 Ext. 2231
www.winter.k12.wi.us
sschuck@winterwarriors.org

Student Registration

July 25th Community Event
Grades 3-6 1:00-2:30pm
Grades 7-12 3:00-4:30pm

Winter School Booster Club Basketball Camp 2015 with Christian Laettner Registration and Waiver & Release Form

Note: Each student registrant must have his/her parent or guardian sign the Waiver and Release Form.

Ages: 8-18

Please print clearly:

Attendee: _____ Graduation Year: _____ School District: _____

Male: ___ Female: ___ Elem: ___ Middle School: ___ High School: ___ Grade: _____

“Having been made aware of the activities the registrant will be doing, I hereby consent to the registrant’s participation in the Winter School Booster Club Basketball Camp. I voluntarily release and forever discharge WSBCBBC and its staff from any and all liability, claims, actions, or rights of action, which are in any way related to the registrant’s participation in the camp activities. I agree to indemnify and hold WSBCBBC harmless from any and all costs or damages, including attorney fees, incurred in connection with the registrant’s participation in camp activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against WSBCBBC and its staff arising from the registrant’s participation in camp activities.

In case of emergency, I understand every reasonable effort will be made to contact the parents or guardians of minor registrants. However, if the parents or guardians cannot be reached within a reasonable time period under the circumstances, or if I, the below signed registrant am 18 years of age or older, I hereby give WSBCBBC permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the registrant’s health, safety and welfare. I release WSBCBBC and staff from liability in acting on my behalf in this regard and rendering such medical treatment.”

Emergency Contact Info: Parent/Guardian _____ I am 18 or over _____

Name: _____ (Please Print)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____ Camp T-Shirt Size: _____ **(Add \$10)**

***Please make checks of \$20 for camp OR \$30 for camp & camp tank-jersey payable to: Winter Booster Club & send to address above Attention: Shelby Schuck.**