

JK's BASKETBALL CAMP

JKbasketball.com (908) 304-4690

Please fill out the form below and return it with a \$40 deposit check for each camp selected, made payable to "JK's Basketball Camp"

Please mail to:

JK's Basketball Camp
163 Commonwealth Ave
New Providence, NJ 07974

PARENT WAIVER & CONSENT FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team in the sport designated below.

I understand that there are certain risks of injury inherent to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities except as listed below.

In addition to giving my full consent to my child's participation, I do hereby waive, release, and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

CHILD'S NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

Please list any physical limitations (allergies, hearing, sight, etc.) _____

PARENT SIGNATURE _____

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CAMP APPLICATION FORM

NAME _____ AGE _____ GRADE _____ HEIGHT _____ WEIGHT _____ HOME _____

ADDRESS _____

SCHOOL _____ SHIRT SIZE _____

PHONE (H) _____ EMAIL _____

PLEASE CIRCLE THE CAMP(S) OF YOUR CHOICE

BEGINNERS CAMP-1

June 19 - June 23

SHOOTING CAMP

July 3 - July 7

BEGINNERS CAMP-2

July 10 - July 14

4TH-7TH GRADE OFFENSIVE SKILLS CAMP

June 26 - June 30

*Balance due on first day of camp