

## Basketball Camp

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

The City of Mackinac Island, the Mackinac Island Public School and the camp staff are not responsible for injuries or lost/stolen items that result from this camp. I hereby authorize the directors of the camp to act according to their judgment in an emergency requiring medical attention.

PRINT PARENT/GUARDIAN

NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_

The cost for this camp is \$25.00. Please make checks payable to the City of Mackinac Island.

**PLEASE BRING THIS TO THE CAMP- DO NOT SEND IT BACK TO SCHOOL**