

7th-12th Grade
Girls Basketball Camp
October 8, 2022
Peach Springs, Arizona

Child's Name: _____

Age: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

Town/State/Zip: _____

Emergency Contact & Phone Number:

Waiver: I assume all risks associated with running or walking in this event including, but not limited to contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being and appreciated by myself. I am able to physically and medically able to participate in this activity. Having read this waiver and knowing these facts and in consideration of your accepting my entry form, myself: I, waiver and release Hualapai Health Education & Wellness Department (HEW) and all sponsors, supporters and officials, their representatives and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose. I give permission for HEW to use photos, video recording, voices, and quotations from this event for promotional purposes and for upcoming activities.

Parent Signature: _____ Date: _____

For more information on this event please contact Vonda Beecher at 928-249-2261

Han'kyu!