

# RBHS 2011 SUMMER ATHLETIC REGISTRATION FORM

## GIRLS' BASKETBALL CAMPS

Larry Rocco, Varsity Basketball Coach  
708.715.3504

All girls' basketball campers will receive instruction in all areas of the game and participate in contests and 5 on 5 action each day.

**Grades: 5 through 8 Division (Fall of '11)**

**Dates: June 6,7,8,9,13,14,15,16**

**Time: 10:30 a.m.- 12:00 Noon Location: Fieldhouse; meet in the Main Gym on the first day**

**Fee: \$90.00 includes t-shirt (Komarek students pay \$50 for one week)**

Student's Name \_\_\_\_\_

Gender M \_\_\_\_ F \_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade entering Fall '11 FR SO JR SR

School Attending Fall

2011 \_\_\_\_\_

Parent's

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Street City Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell

Phone \_\_\_\_\_

Student's T-shirt size (circle for sports camps): Adult S M L XL Child S M L

**Camp**

**Title**

\_\_\_\_\_ Date(s) \_\_\_\_\_ Fee

paid \_\_\_\_\_ **Camp**

**Title**

\_\_\_\_\_ Date(s) \_\_\_\_\_ Fee

paid \_\_\_\_\_ **Camp**

**Title**

\_\_\_\_\_ Date(s) \_\_\_\_\_ Fee

paid \_\_\_\_\_

As the parent of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the sole risk of any injury, including death, damages or loss which may be sustained as a result of participating, in any manner in any and all activities connected with or associated with such program. I further recognize and acknowledge that athletic activities may involve strenuous exertion, potential body contact, may be hazardous and involve substantial risk of injury. I agree to waive and relinquish any and all claims that I may have as a result of my child's participating in the program against Riverside Brookfield High School. I understand the nature of the program for which I am registering, and have read and fully understand this waiver.

Parent Signature \_\_\_\_\_ Today's

Date \_\_\_\_\_

**Please return registration form and payment to RBHS Business Office from April 11<sup>th</sup> through June 3<sup>rd</sup>. Checks can be made payable to RBHS.**

I would like to request a parking permit for Rockefeller Road. The Assistant Principals' office will contact you to inform you of your request. Due to limited summer parking space if denied, you will need to make appropriate accommodations to avoid being ticketed.