PARENT’S CONSENT
I give my consent for the above named registrant to participate in all activities of the Drew Ranger Basketball Camp, LLC. Further, I authorize the Director and the Athletic Trainer to act for me according to their best judgement in any emergency requiring medical attention.

_________________________________________
Parent’s Signature                                    Date

_________________________________________
In Emergency Contact:

WAIVER AND RELEASE
We, the undersigned, for ourselves, our heirs, executors and administrators, waiver, release and forever discharge the Drew Ranger Basketball Camp, LLC., its staff, officers, agents, representatives, employees, successors and assigns of and from and all right and claims for damages to persons or property which may be sustained or occur during participation in camp activities, or from camp, whether paid damages, injury or loss are due to negligence or not.

_________________________________________
Father or Guardian signature

_________________________________________
Mother or Guardian signature

_________________________________________
Date

Please sign and enclose check before returning!