

If possible please register online @ Bisonbasketball.org/SummerCamp

Camper's Name: _____ Parent/Guardian #1: _____ Parent/Guardian #2: _____
Emergency Phone #: _____ Email Address: _____ Email Address: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
School Attending '12-'13: _____ Grade '12-'13: _____
T-shirt Size (Circle One): Youth Large Adult Small Adult Medium Adult Large Adult XL

Please Circle Camps Attending

Shooting Camp (May 29-30) \$55

Skills Camp (June 18-21) \$105

Mini-Bison Camp (June 18-21) \$75

***Send in your Camp Fee before 5/15/12 for \$5 discount per camp**

*** SIBLING DISCOUNT IS \$5 off each**

MAKE CHECKS PAYABLE TO **Bison Basketball**

RELEASE FORM

I HEREBY RELEASE THE COACHING STAFF OF STATION CAMP HIGH SCHOOL AND THE SUMNER COUNTY SCHOOL SYSTEM OF ANY LIABILITY THAT MAY OCCUR DURING AN ACCIDENT OF MY CHILD DURING THE ACTIVITIES. I UNDERSTAND THE COACHING STAFF WILL ACT IN GOOD FAITH IF MY CHILD IS IN NEED OF MEDICAL ATTENTION.

SIGNATURE

DATE

Please mail envelopes to:

SCHS Basketball
Attn: Coach Massey
1040 Bison Trail
Gallatin, TN 37066