

## **2018 Registration Form (Clinic)**

**Athlete Name:**

**Parent Name:**

**Address:**

**Phone Number:**

**Email:**

\*Registration confirmation will be sent via e-mail.

**Age of Athlete:**

**DOB:**

**Release must be signed by parent:**

### **Liability Waiver/ Release Form**

I, the participant, or parent/guardian of the participant, assume all risks of my child or my child's participation in the Dexter Williams Basketball Camp. I agree to release and hold harmless any personnel involved in this activity to include Dexter Williams Camp Staff and any other affiliated persons from any and all liability for any accident or injury whatsoever that may result from participation of the above named child in any activity sponsored by or associated with Dexter Williams Basketball Camp and clinics in 2018. This waiver and release form extends to all claims of any kind. I give permission for DW camps to use any photo or media taken during camp of my child.

**I have read the above and certify my agreement by my signature below.**

X \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of parent/Guardian)