

# Avalon's Sky High Basketball Camp w/ Dewey Burke

Camper Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_ Phone : ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Week(s) of Camp (please circle all that apply):

AVALON CAMP: BOYS & GIRLS AGES 9-15

9AM – 12NOON

**\$195 → pay by July 1<sup>st</sup> and take \$15 off**

**\*\*\*PLEASE CHECK OUR WEBSITE FOR INFO ON OUR CAMPS IN SUBURBAN, PA**

Health Concerns:

\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_

I hereby authorize the owners and staff of Sky High Sports, Inc. to act for me, to his/her best judgment, in the event of an emergency requiring medical attention. I hereby consent to voluntarily engage in this program for my child. I have been informed, consent to and understand that there is a risk of injury during exercise and sport-training. I have been given the opportunity to ask questions regarding this program. I declare myself and my child to be mentally and physically sound. I have been given the opportunity to disclose in writing any and all medical, cognitive or psychological conditions, prior or current injuries, surgeries, and currently prescribed medications. I do hereby waive, release and discharge Dewey Burke, Dewey Burke Camps LLC, John Jones, Sky High Sports Inc., Conestoga High School and the Tredyffrin-Easttown School District, their officers, agents, employees, representatives, executive, directors, shareholders and all others acting on their behalf, from any and all claims or liability for injuries or damages arising out of participation in this program, excluding those caused by intentional negligence or omission.

Health Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Make check payable to:**

**SKY HIGH SPORTS, INC.**

**PO BOX 490**

**Drexel Hill, PA 19026**