



# Brighton Boys Basketball Team Camp

## Summer 2017



**DATES:** May 31, June 1, June 6, June 7

Sessions: (next year's grade)

**Grades 2-3:** 5:00pm - 6:00pm

**Price:** \$60\*

**Grades 4-6:** 6:15pm - 7:15pm

**Price:** \$60\*

**Grades 7-9:** 7:30pm - 9:00pm

**Price:** \$80\*

\*Price includes Under Armour Tech Fabric Camp T-shirt  
Sizes: Youth X-Small thru Adult XXL



MSRP: \$24.99

**LOCATION:** Brighton High School Gym

**STAFF:** Head Boys Basketball Coach Garrett Wilson, staff, and players

Make checks payable to: **Brighton High Boys Basketball**

Send/take registration forms and money to:

**Brighton High Main Office**

Or bring first day of camp

For more information, contact:

**Garrett Wilson** [garrett.wilson@canyonsdistrict.org](mailto:garrett.wilson@canyonsdistrict.org)

Name of participant: \_\_\_\_\_  
Last First MI

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of parent or legal guardian: \_\_\_\_\_

Parent/guardian Contact Info:

\_\_\_\_\_ Phone \_\_\_\_\_ Email  
Participant Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

### INFORMED CONSENT / WAIVER OF LIABILITY

- RELEASE AND INDEMNIFICATION:** I hereby recognize an acknowledge that my/my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my/my child's participation in such events, I, for myself, my child, my heirs, my executors and administrators, I hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive, and discharge Canyons School District, Brighton High School, and its officers and employees and volunteers from any and all suits, claims, liability, including negligence based in injury except those caused solely by the willful misconduct of Canyons School District employees. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my/my child's participation.
- REFUND POLICY:** Canyons School District may withhold 25% of the refund (camp registration fee) for administrative costs. All refunds must be requested in person, accompanied with a written refund request. No refund shall be given after the first day of the program.
- COLLECTIONS:** I agree to pay Canyons School District all costs incurred, together with reasonable attorney's fees in the event that my account is referred for collection.
- EMERGENCY TREATMENT:** I hereby authorize Canyons School District, Brighton High School, and Brighton High School's coaching staff to act on my behalf in accordance with their best judgement in case of emergency involving me/my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from.
- EQUAL OPPORTUNITY:** Canyons Schools District provides equal opportunity to participate regardless of race, creed, and gender, and will, upon request, provide reasonable accomodations to individuals with disabilities.

**By signing this assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read its contents disclosure, that I understand its contents and disclosure, and that I agree to its terms.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

(Office use only)  Paid \$80  Cash  Check  Card (pre-registration only)