

# Paris Junior College Women's Basketball

## SUMMER CAMP

August 1-4, 2022

Ages 6-16

**Registration NOW OPEN**  
**Early-bird Discounts through July 15**

**Contact: Brittany Christian, [bchristian@parisjc.edu](mailto:bchristian@parisjc.edu), 903-782-0207**



**2022 PJC WOMEN'S BASKETBALL SUMMER CAMP REGISTRATION**

**\$80 Fee \$65 Early Bird Discount Prior to July 15th, 2022**

**(\$40 DEPOSIT DUE AT TIME OF REGISTRATION) \*Checks Payable to PJC Women's Basketball\***

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_

Address: (city, state, zip) \_\_\_\_\_

Home/Cell #: \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Mother's work phone: \_\_\_\_\_

Besides parents, another person to call in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School attended last year: \_\_\_\_\_

Circle T-shirt size (Adult Sizes):    S        M        L        XL                    (Youth Sizes):    YS        YM        YL

**(Parent must sign for child to be eligible to participate in PARIS JUNIOR COLLEGE's Women's Basketball Clinic):**

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for my child being permitted to participate in this event. My child is a voluntary participant in this event, and in good physical condition. I KNOW THAT THIS CAMP IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY CHILD'S PARTICIPATION IN THIS CAMP OR WHILE ON THE PREMISES OF THIS CAMP, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST PARIS JUNIOR COLLEGE AND ANY AFFILIATED INDIVIDUALS, ANY CAMP SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES") FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY CHILD'S PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY (INCLUDING, BUT NOT LIMITED TO, SERIOUS BODILY INJURY OR DEATH) OR DAMAGE SUFFERED BY MY CHILD OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE CAMP, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. If my child does not follow all the rules of the camp, I understand that my child may be removed from the camp. I give my full permission to the Camp and its affiliates to use any photographs, videotapes, audiotapes or other recordings of my child that are made during the course of this event. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return to:  
Women's Basketball Camps and Clinics  
Paris Junior College  
2400 Clarksville Street  
Paris, TX 75460**