

PJC Women's Basketball Camp

For girls aged 6-16

9 a.m. - 4 p.m.

July 31 - August 3, 2023



Daily camp with instruction, team and character building, and competition games.

Skills: defense, ball handling, shooting, and plyometrics.

For more information, contact bchristian@parisjc.edu or call 903-782-0207.

July 31-August 3, 2023 PJC WOMEN'S BASKETBALL SUMMER CAMP REGISTRATION

Name: _____ Age: _____ Grade: _____ Height: _____

Address: (city, state, zip) _____

Home/Cell #: _____ Parent Email: _____

Father's work phone: _____ Mother's work phone: _____

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

Name: _____ Phone: _____

Email Address: _____

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 Camp):

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**

Paris Junior College prohibits discrimination, including harassment, against any student on the basis of sex or gender, race, color, national origin, disability, religion, age, or any other basis prohibited by law.