

# YOUTH SPORTS CAMPS

PARTICIPANT NAME \_\_\_\_\_ Age \_\_\_\_\_ Gender: \_\_\_\_\_

Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency \_\_\_\_\_ SHIRT SIZE: YS YM YL S M L XL

Medical Information: \_\_\_\_\_

## YOUTH SPORTS CAMPS

PROGRAM	GROUP	SESSION	DATES	TIME	FEE	CHECK HERE
Youth Basketball (Mon. & Wed)	5 to 8 yrs.	1	June 15-July 3	10:00AM—10:50AM	\$50	
Youth Basketball (Mon. & Wed)	9 to 12 yrs.	1	June 15-July 3	11:00AM—11:50 AM	\$50	
<i>NEW</i> YOUTH PICKLEBALL (Mon. & Wed)	5 to 8 yrs.	3	July 27—August 14	10:00AM—10:50AM	\$50	
<i>NEW</i> YOUTH PICKLEBALL (Mon. & Wed)	9 to 12 yrs.	3	July 27—August 14	11:00AM—11:50 AM	\$50	
Youth Dodgeball (Mon. & Wed)	7 to 8 yrs.	2	July 6—July 24	10:00AM—10:50AM	\$50	
Youth Dodgeball (Mon. & Wed)	9 to 12 yrs.	2	July 6—July 24	11:00AM—11:50 AM	\$50	
				<b>TOTAL</b>		

### HOW TO REGISTER:

**Make Checks Payable to City of Whitefish**

- Drop off at Parks and Recreation office:  
510 Railway St.
- Mail the registration form to:  
P.O. Box 158 Whitefish, MT 59937  
406-863-2470



**WAIVER: (SIGNATURE REQUIRED)** I, as an adult 18 and older, or the parent or legal guardian of the above-named participant, hereby give my approval to participation in the activity described above. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. Further, I hereby release, absolve, indemnify and hold harmless the City of Whitefish, Whitefish School District, the organizers, sponsors, supervisors, representatives, employees, and any or all of them for any injuries I may or my child may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees paid do not provide for insurance. Further, I hereby grant authority to a qualified doctor to render such treatment as deemed necessary under the circumstances.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_