

APPLICATION

Name _____ T-Shirt Size (circle one) Men's: S, M, L, XL, or XXL

Address _____ Zip _____

PLEASE CHECK YOUR AGE APPROPRIATE SESSION.

SESSION 1 (NEXT YEAR'S 9TH AND 10TH GRADERS)
_____ One Week Only ~ June 20 – June 23

SESSION 2 (NEXT YEAR'S 7TH AND 8TH GRADERS)
_____ One Week Only ~ June 20 – June 23

SESSION 3 (NEXT YEARS 5TH AND 6TH GRADERS)
_____ One Week Only ~ June 20 – June 23

PLEASE COMPLETE THE SECTIONS BELOW, AND WITH A \$25. DEPOSIT, MAIL TO:

ED MCPHERREN
5615 PHEASANT RUN LANE
LINCOLN, NEBRASKA 68516

PLEASE MAKE CHECKS PAYABLE TO: THE LINCOLN BASKETBALL SCHOOL

ACCIDENT OR INJURY

THE LINCOLN BASKETBALL SCHOOL WILL NOT BE RESPONSIBLE FOR EXPENSES INCURRED AS A RESULT OF AN ACCIDENT OR INJURY RECEIVED WHILE PARTICIPATING IN THE SCHOOL.

PARENT'S RELEASE AND INDEMNITY

WE HEREBY RELEASE THE LINCOLN BASKETBALL SCHOOL AND PIUS X HIGH SCHOOL AND ALL THEIR EMPLOYEES AND AGENTS FROM ALL CLAIMS ON ACCOUNT OF ANY INJURIES WHICH MAY BE SUSTAINED BY OUR SON WHILE ATTENDING THE 2011 LINCOLN BASKETBALL SCHOOL, AND FOR ANY CLAIM WHICH MAY HERE-AFTER BE PRESENTED BY OUR SON AS A RESULT OF ANY SUCH INJURIES.

SIGNED _____ DATE _____
(PARENT OR GUARDIAN)

(You may choose to clip the physician's agreement and mail it at a later time.)

PHYSICIAN'S CONSENT

I HEREBY CERTIFY THAT _____ IS PHYSICALLY FIT TO PARTICIPATE IN THE 2011 LINCOLN BASKETBALL SCHOOL AND THAT I KNOW OF NO PHYSICAL IMPAIRMENT WHICH WOULD IN ANY MANNER LIMIT HIS PARTICIPATION SUCH A PROGRAM

SIGNED _____ DATE _____
(PHYSICIAN)