

CAMP APPLICATION

NAME

ADDRESS

City and Zip

Home Phone

Work or Cell

E-mail Address

Grade (Fall 2010)

T-shirt Size Specify
Adult or Youth

School

I Authorize and release my daughter

(NAME)

to participate in the basketball camp being
conducted at Kennesaw Mountain High School.

I release all camp staff and coaches as well as
Kennesaw Mountain High School and the Cobb
County Board of Education and its employees

from all injuries or claims that may be sus-
tained while participating in any camp acti-
vity. Furthermore, I certify that my daughter

is physically fit and able to participate with-
out restrictions in all camp activities

Parent Name (please print)

Parent signature

*Make checks payable to :
KMBBC
1898 Kennesaw Due West Road
Kennesaw, Georgia 30152*