

**COACH JAY LADNER'S
ELITE BASKETBALL CAMP REGISTRATION**

August 19, 2017

Camper's Name: _____ Age: _____ Grade: _____

Parent(s) Name(s): _____ Contact #: _____

Address: _____

Email: _____

Emergency Contact Name: _____

Contact #: _____

****Parental Permission**

The undersigned understands that the applicant will be engaging in physical activity during the program which contains an inherent risk of physical injury. The undersigned assumes the risks thus releases and harms harmless Southeastern Louisiana University, camp affiliates, officials, trustees and/or its employees, including all persons employed or hired by the Jay Ladner's Elite Basketball Camp to conducts summer camps, from any liabilities from personal injury or property damage arising out of the applicant's participation in the summer camp. I hereby grant permission for my child to participate in the summer camp. I also grant permission for my child to attend the Jay Ladner's Elite Basketball Camp to be treated by a licensed physician or trainer in the event of an injury, illness, or other mishap.

Parent/Guardian Signature: _____ Date: _____

\$25 Per Person

*Make All Checks Payable To:
Jay Ladner Basketball Camp, LLC*

Please Return Application ASAP To:

*Jay Ladner's Elite Camp
SLU Box 10309
Hammond, LA 70402
(985) 549-3744*