

# COACH JAY LADNER'S SHOOTING CAMP REGISTRATION

June 9, 2017 from 9:00 A.M. to 4:00 P.M. @ Kinesiology Gym on the campus of  
Southeastern Louisiana University

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 Shooting 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 Shooting Camp to be treated by a licensed physician or trainer in the event of an injury, illness, or other mishap.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\$50 Per Person**

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

**Please Return Application ASAP To:**

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