

## REGISTRATION FORM

Return form with payment to:  
**GOATGEAR/SHS LLC**  
P.O.BOX 1465, RIDGEWOOD, NJ 07451-1465

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

CELL:

EMER. PHONE:

E-MAIL:

AGE:

SCHOOL:

### INDICATE DATES CAMPER WILL ATTEND

- |  |                                      |                                       |                                       |
|--|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> JUN 30 - JULY 3 | <input type="checkbox"/> JULY 7 - 11 | <input type="checkbox"/> JULY 14 - 18 | <input type="checkbox"/> JULY 21 - 25 |
| <input type="checkbox"/> JULY 28 - AUG 1 | <input type="checkbox"/> AUG 4 - 8   | <input type="checkbox"/> AUG 11 - 15  | <input type="checkbox"/> AUG 18 - 22  |

APPLICANT SIGNATURE:

### WAIVER:

I hereby authorize the staff of GOATGEAR BASKETBALL to act for me according to their best judgment in any emergency requiring medical attention for my child, if I cannot be contacted.

In consideration of acceptance of my child, I hereby for myself, my child, their heirs, executors and administrators hold harmless, waive and release any claim we may have for damages against the above mentioned organizations, camp operators, their officials, officers, employers or representatives, or their successors and assigns for any and all injuries that may be suffered. I certify that I am parent/guardian of:

and I am over the age of 18 years. I further agree that the above named parties are under the obligation to provide a physical examination or other evidence of a child's fitness to participate in this program, the same being my sole responsibility.

SIGNATURE OF PARENT/GUARDIAN

DATE

*I attest that my child is in sound condition to participate in all activities. I understand by signing this waiver any or all refunds will come in the form of camp credit.*