



ZACK NOVAK DEXTER SHOOTING ACADEMY 2014 REGISTRATION FORM

Participant's Name _____ (Print Clearly) Shirt Size (circle one) AS AM AL AXL

Grade as of Fall '14 _____

Address _____

Home Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

WAIVER/RELEASE

I DO HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES THAT MAY HAVE OR HEREINAFTER OCCUR TO ABOVE NAMED PARTICIPANT AGAINST ZACK NOVAK, STAFF OF THE ZACK NOVAK DEXTER SHOOTING ACADEMY, ACADEMY HOSTS, AND/ OR THE DEXTER SCHOOL DISTRICT. I CONFIRM THAT MY CHILD'S HEALTH MEETS MEDICAL STANDARDS TO PARTICIPATE IN A BASKETBALL CAMP. I UNDERSTAND THAT BASKETBALL IS A SPORT AND INJURIES MAY OCCUR. I FURTHER UNDERSTAND THAT, NEITHER ZACK NOVAK NOR ANY STAFF OF THE ZACK NOVAK'S DEXTER SHOOTING ACADEMY, HOSTS, OR DEXTER SCHOOL DISTRICT SHALL BE HELD RESPONSIBLE FOR ANY MEDICAL INJURIES THAT MAY RESULT FROM PARTICIPATION IN THE ZACK NOVAK DEXTER SHOOTING ACADEMY.

I GIVE PERMISSION FOR THE ABOVE NAMED PARTICIPANT TO PARTICIPATE IN THE ZACK NOVAK DEXTER SHOOTING ACADEMY AND I GIVE ZACK NOVAK AND THE STAFF OF THE ZACK NOVAK'S DEXTER SHOOTING ACADEMY MY PERMISSION TO ACT ON MY BEHALF IN ARRANGING FOR EMERGENCY MEDICAL ATTENTION TO THE ABOVE MENTIONED PARTICIPANT FROM A LICENCED PHYSICIAN OR HOSPITAL, IF NECESSARY.

THE UNDERSIGNED PARENT/LEGAL GUARDIAN OF THE ABOVE MENTIONED PARTICIPANT HAS READ AND UNDERSTANDS THE ABOVE AGREEMENT, AND ACCEPTS AND AGREES TO THE TERMS AND CONDITIONS OF THIS WAIVER/RELEASE FORM.

PARENT/GUARDIAN (SIGNATURE)

PARENT/GUARDIAN (PRINT NAME)

DATE

**Please send registration form and \$120 camp payment
made payable to 'ZACK NOVAK'**

**ZACK NOVAK CAMP
7643 W. Liberty Rd
Ann Arbor MI 48103**