

# THE TANNER SMITH SKILLS CAMP



Name \_\_\_\_\_ Grade Entering \_\_\_\_\_  
Shirt Size: YM YL YXL AS AM AL AXL  
Address \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Please send this entire registration form by July 1<sup>st</sup>, along with a \$40 deposit check (non-refundable), made payable to "Tanner Smith" (remaining balance due first day of camp at sign-in) to:

Tanner Smith  
10400 Stanyan Street  
Alpharetta, GA 30022

For late registrants, please email us with your registration information to reserve a spot at the camp. Full registration and payment will then be accepted the first day of camp.

Email: [tanner05smith@gmail.com](mailto:tanner05smith@gmail.com)

## Waiver/Release

I \_\_\_\_\_ DO HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND  
(PARENT/GUARDIAN NAME)

CLAIMS FOR DAMAGES THAT MAY HAVE OR HEREINAFTER OCCUR TO \_\_\_\_\_  
(CAMPER NAME)

AGAINST TANNER SMITH AND STAFF OF THE TANNER SMITH SKILLS CAMP OR THE EASLEY RECREATION CENTER. 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 TANNER SMITH NOR ANY OF THE TANNER SMITH SKILLS CAMP STAFF OR THE EASLEY RECREATION CENTER SHALL BE HELD RESPONSIBLE FOR ANY MEDICAL INJURIES THAT MAY RESULT FROM PARTICIPATION IN THE TANNER SMITH SKILLS CAMP.

I GIVE PERMISSION FOR \_\_\_\_\_ TO PARTICIPATE IN THE TANNER SMITH  
(CAMPER NAME)

SKILLS CAMP, AND I GIVE TANNER SMITH AND THE STAFF OF THE TANNER SMITH SKILLS CAMP MY PERMISSION TO ACT ON MY BEHALF IN ARRANGING FOR EMERGENCY MEDICAL ATTENTION TO THE ABOVE MENTIONED CAMPER FROM A LICENSED PHYSICIAN OR HOSPITAL, IF NECESSARY.

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

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
DATE