

BORGER BEAST REGISTRATION 2018

Name _____ Cell # _____

T-SHIRT SIZE (circle one)

2018-19 SCHOOL YEAR (circle one)

XS S M L XL XXL XXXL

7th 8th 9th 10th 11th 12th

EMERGENCY CONTACT PERSON

(parent/guardian) _____

Phone # _____

Location: Borger HS Temporary Weight Room 200 S. Bryan St. (Across from the soccer field, behind Tex Hanna gym)

Checks Payable to Camp Director: Brian Coker

What session do you think you would most likely attend? (you are welcome to come to any of them on any day)

Circle One

6:30- 8:00 AM

8:00 - 9:30 AM

Assumption of Risk/Release of Liability

I, as a parent or guardian of the above named participant, hereby grant permission for him/her to participate in the BEAST program. I acknowledge the fact that he/she is physically able to participate in all program activities. I hereby release the program and its employees, Borger ISD, its Board of Trustees, administration and employees, from all claims from injuries or illness that may be sustained by our son/daughter. I authorize the director or his designee to select hospital facilities and/or the physician of his choice and authorize treatment of the above named child on an emergency basis in the event that such treatment becomes necessary during the program.

Parent/Guardian signature: _____ Date: _____