

Name _____ Grade Next Year _____ School Next Year _____

Address _____ City _____ Zip Code _____

Make all checks payable to: "Duke Barther" and mail application by **July 1st**:

Daytime Phone _____

*Midpark High School c/o "Duke Barther";
7000 Paula Drive, Middleburg Hts., OH 44130*

Shirt Size _____

Duke Barther (216) 676-8400 x4703 or Email: lbarther@Berea.k12.oh.us Troy Trzebuckowski (216) 433-1133 x4933 or Email: ttrzebuckowski@bera.k12.oh.us

I hereby and herein authorize the directors of Midpark Meteor Basketball Camp to act in my stead for purpose of acquiring emergency medical attention for my son/daughter/ward. I impose upon the assumptors of this duty a responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illnesses incurred while at the camp in the event same is performed pursuant to such standard. By my signature hereunder, I warrant that my son, daughter, or ward is in good physical condition, has no undisclosed medical problems, illnesses, or handicaps, and is capable of full and active participation in the basketball camp. I also represent that my son, daughter, or ward has received a physical within the last year and is medically competent to participate in the activities at camp.

Signature of Parent/Guardian _____ Date _____