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Selah Vikings Holiday Hoop Camp-Registration Form

Please ensure a non-refundable check for \$20 accompanies this form
Make checks payable to: SHS Boys Basketball
 Return by December 10, 2011

Camper's Name _____	Grade _____
Parent(s) Name _____	Home Phone _____ Cell _____
Address _____	
Email _____	
Send Registration/Checks to: Selah High School, Attention Jeff Weeks 801 N. 1st Ave., Selah, WA 98942	

I hereby authorize the Viking Hoop Camp Coaching staff to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liabilities for injuries incurred while at camp.

Print Parent/Guardian Name _____

Signature _____

