

CHARLEVOIX VENETIAN PISTONS SHOCK B-BALL CAMP
REGISTRATION FORM
SHOCK CLINIC - FRIDAY, JULY 23, 2010

The Hooper Pistons Mascot will be present
and the Pistons Dunk Team will perform between the two sessions.
Sponsored by The Charlevoix Recreation Department

PREREGISTRATION:

Complete and return with the fee to:

Charlevoix Venetian Festival, Inc.

309 Petoskey Ave., Charlevoix, MI 49720

or send to: P.O. Box 120, Charlevoix, MI 49720

Entries must be received by 4:00 p.m. on Wednesday, July 21, 2010

Checks should be made payable to: Charlevoix Venetian Festival

Name: _____

Phone Number: _____

Class Entered for July 23, 2010:

2nd - 5th grade: 9:00 - 10:30 am _____

6th - 12th grade: 10:30 - 12:00 pm _____

Pre-registration (\$15): _____ On-Site registration (\$20): _____

Total enclosed:\$ _____

RELEASE AND WAIVER OF LIABILITY

ALL players must read and sign release and liability waiver.

Players under the age of 18 must have parent/guardian signature.

I hereby agree and acknowledge that participation in this event is physically demanding and could result in injury. In consideration of being permitted to participate in this event, I hereby assume all risks, known and unknown, associated with participation, and release and discharge the Charlevoix Venetian Festival and all of its sponsors, volunteers and employees, as well as local government entities (the "Releasees") from any and all actions and claims of liability for personal injury or property damage. I agree to abide by tournament and/or event rules. Any parent/guardian signing on behalf of a participant under the age of 18 hereby releases and discharges the Releasees from any such actions and claims relating to participation by said participant, in the manner provided above.

Dated: _____ Signature: _____

Dated: _____ Parent Signature: _____