



Metro Sports  
6550 Winchester  
Kansas City, MO 64133

**Natalie Moultrie**  
Youth Sports Coordinator  
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## 2009 Basketball Camp

Please complete this registration and send it along with your **\$255** registration payment to: ▶ ▶ ▶ ▶ ▶

**Metro Sports**  
**Attention: Basketball Camp**  
**6550 Winchester**  
**Kansas City, Mo 64133.**

You will receive a confirmation e-mail.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Circle One ▶ **BOY** -- **GIRL**

Grade (09-10): \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's e-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**Parent/student waiver:**

In consideration of allowing participation in Metro Sports Youth, I/we hereby knowingly release and forever discharge Time Warner Cable and its employees and agents from any and all liability, actions, lawsuits, claims, demands and expenses resulting, directly or indirectly, from loss of life, personal injuries, property damage, or other damage suffered by the named participant in connection with participation in Metro Sports Youth, regardless of the cause of the injury or damage, including but not limited to negligence of Time Warner Cable, its affiliates, and the employees and agents of each or actions of other participants in the activity.

\_\_\_\_\_ (initial)

The undersigned parent/legal guardian of the named participant does hereby grant to any hospital, emergency center, doctor, nurse, and/or emergency medical services provider, authority to provide emergency medical treatment to my child. Should the attending physician or provider determine that life-saving surgery or other life-saving procedures are necessary, I do hereby grant permission to administer necessary life-saving surgery or other life-saving procedures. \_\_\_\_\_ (initial)

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Parent or Legal Guardian