



MANSFIELD CHRISTIAN BASKETBALL ACADEMY

(Boys Grades 3rd-5th)

*June 3-7 9am-Noon
MCS HS Gym
Director: Coach Adam Parrott
parrott.adam@mcsflames.org
270.804.5309*

*Player Development:
Ball Handling
Shooting
Speed & Agility
Basketball IQ*

*Cost: \$100 per student
Make Checks Payable to MCS*

REGISTRATION

Name _____ Date _____

Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____

Cell Phone: _____

Mansfield Christian Basketball Academy

MEDICAL RELEASE/PARENTAL CONSENT

All players must have their own medical coverage. Campers will not be allowed to play unless the following information is completed:

Insurance Company _____ Policy# _____

I hereby grant permission for my child to attend the MCS Basketball Academy. I also grant permission to the MCS Staff to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release MCS, its employees, and the Camp Directors from any and all liability for any injuries incurred while at MCS Basketball Academy. I will be responsible for any and all costs for medical attention and treatment. I also grant permission to a medical facility to treat my child in the event this becomes necessary. I have provided the necessary insurance information, and in the event that insurance will not cover necessary treatment, I will be responsible for any and all costs of medical attention and treatment.

Parents Signature _____ Date _____