

# APPLICATION

CAMP SESSIONS  
(CHECK ONE)

<input type="checkbox"/>	<b>SESSION I</b> June 7-10 WAYA, West Austin Youth Association (Austin)	Team Name for Discount _____
<input type="checkbox"/>	<b>SESSION II</b> June 7-10 Cedar Park Recreation Center (Cedar Park)	Team Name for Discount _____
<input type="checkbox"/>	<b>SESSION III</b> June 28-July 1 WAYA, West Austin Youth Association (Austin)	Team Name for Discount _____
<input type="checkbox"/>	<b>SESSION IV</b> June 28-July 1 Brentwood Christian School (North Austin)	Team Name for Discount _____
<input type="checkbox"/>	<b>SESSION V</b> July 19-22 Westlake HS (Eanes ISD)	Team Name for Discount _____
<input type="checkbox"/>	<b>SESSION VI</b> July 19-22 Brentwood Christian School (North Austin)	Team Name for Discount _____
<input type="checkbox"/>	<b>SESSION VII</b> July 26-29 WAYA, West Austin Youth Association (Austin)	Team Name for Discount _____
<input type="checkbox"/>	<b>SESSION VIII</b> August 2-5 WAYA, West Austin Youth Association (Austin)	Team Name for Discount _____

APPLICANT  
INFORMATION

Camper's Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Email Address (Mandatory for confirmation) \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex M F

Grade (as of 9/10) \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Name of School \_\_\_\_\_ Coach's Name \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

**T-Shirt Size:** YS YM YL AS AM AL AXL **Ball Size:**  Junior  Women's  Men's

**NOTE:** Deposits are nonrefundable but are transferable to another week. NO REFUNDS FOR CANCELLATIONS WILL BE MADE UNLESS WE ARE NOTIFIED IN WRITING 2 WEEKS IN ADVANCE OF THE CAMP.

LIABILITY  
WAIVER

I/We, the undersigned, hereby certify that I (We) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek during the period of the camp appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of the medical attention and treatment, except for that covered by the certified athletic trainer.

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge the Brandy Perryman Shooting Camp, Inc., and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained during participation in camp activities or while at camp, whether or not damages, injury or loss are due to negligence.

Camper's will not be allowed to participate unless the information is submitted and the form signed by the parent or guardian and the camper.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Camper Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return Upper Portion with \$50.00 Deposit or full Payment to:**



**Brandy Perryman Shooting Camp**  
P.O. Box 684175 Austin, TX 78768

Doctor's Statement  
of Health

I have examined \_\_\_\_\_ and found him/her healthy and able to compete in basketball and general recreational activities (of his /her choosing) during the Brandy Perryman Shooting Camp.

List any allergies to medications \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_

Pertinent information (diabetic, epileptic, previous fractures, etc....) \_\_\_\_\_

Date Examined \_\_\_\_\_

Physician Signature \_\_\_\_\_

**Note: May bring copy of school physical in place of Doctor's statement of health.**

You May Duplicate Form