

# APPLICATION

## CAMP SESSIONS (CHECK ONE or more)

- SESSION 1**  
June 6-9 WAYA, West Austin Youth Association (Austin)
- SESSION 2**  
June 6-9 Brentwood Christian School (North Austin)
- SESSION 3**  
June 20-23 Anderson High School (NW Austin)
- SESSION 4**   
June 20-23 Clay Madsen Rec. Center (Round Rock)
- SESSION 5**  
June 27-30 WAYA West Austin Youth Association (Austin)
- SESSION 6**  
June 27-30 Cedar Park Rec Center (Cedar Park)
- SESSION 7**  
July 11-14 WAYA, West Austin Youth Association (Austin)
- SESSION 8**  
July 18-21 Brentwood Christian School (North Austin)
- SESSION 9**  
July 18-21 Southwestern University (Georgetown)
- SESSION 10**  
August 1-4 WAYA, West Austin Youth Association (Austin)

Team Name for Discount \_\_\_\_\_

**(Must have 5 or more players for discount)**

**For session 4 registration, sign up online at**  
[www.roundrockrecreation.com](http://www.roundrockrecreation.com)  
**in person at**  
 Clay Madsen Rec. Center  
**or**  
 mail application and check payable in full to Clay  
 Madsen Rec. Center  
**to:**  
 Clay Madsen Rec Center  
 1600 Gattis School Road  
 Round Rock, TX 78664

**For all other sessions, sign up online at:**  
[www.bperrymanshootingcamp.com](http://www.bperrymanshootingcamp.com)  
**or mail application and check payable to:**  
 BPSC  
 P.O. Box 684175  
 Austin, TX 78768

## 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**