

# APPLICATION

## CAMP SESSIONS (CHECK ONE or more)

- SESSION 1 June 3-6 Westlake Athletic & Community Center (WACC)
- SESSION 2 June 3-6 Covington Middle School (South Austin)
- SESSION 3 June 3-6 Round Rock High School
- SESSION 4 June 10-13 West Austin Youth Association (WAYA)
- SESSION 5 June 10-13 Cedar Park Rec. Center
- SESSION 6 June 10-13 Georgetown Rec. Center
- SESSION 7 June 24-27 West Austin Youth Association (WAYA)
- SESSION 8 June 24-27 Anderson High School
- SESSION 9 June 24-27 Clay Madsen Rec. Center (Round Rock)
- SESSION 10 July 8-11 West Austin Youth Association (WAYA)
- SESSION 11 July 8-11 Hays High School (Buda TX)
- SESSION 12 July 8-11 Cedar Park Rec. Center
- SESSION 13 July 22-25 West Austin Youth Association (WAYA)
- SESSION 14 July 22-25 Central Texas Fieldhouse (Buda TX)
- SESSION 15 July 22-25 St. Michael's Athletic Center (SMAC)
- SESSION 16 July 29-Aug 1 West Austin Youth Association (WAYA)
- SESSION 17 July 29-Aug 1 Hyde Park High School
- SESSION 18 July 29-Aug 1 Brushy Creek Community Center (Round Rock)

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

(Must have 5 or more players for discount)

For session 9 registration, sign up online at [www.roundrockrecreation.com](http://www.roundrockrecreation.com)  
**or in person at**  
 Clay Madsen Rec. Center  
 1600 Gattis School Road  
 Round Rock, TX 78664



## 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 9/2024) \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

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

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

**NOTE:** Payments 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 hereby waive, release, and discharge any and all claims for damages for personal injury, death or property damage which may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance BPSC Inc. (its officers, employees, volunteers, and agents) from any participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of those risks is to be binding on my heirs and assigns.

**PARENTAL CONSENT:** (TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE).

I hereby consent that my son/daughter listed on this application, participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity. By signing this waiver, I agree to have my child's photograph used in any marketing materials BPSC Inc. may incorporate.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND BPSC INC. AND I SIGN IT OF MY OWN FREE WILL.**

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

## Emergency Medical Release Info.

I understand that I am required to maintain and carry accident medical insurance coverage for the Camper listed on this application and I verify that the coverage information attached herewith is accurate and true. In the case of an emergency and if I cannot be reached, I authorize the staff of the Brandy Perryman Shooting Camp Inc. to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

I am the parent/guardian of the minor stated on this application and I am signing this Release on behalf of said minor.

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

### Emergency Contact Information

Parent/Guardian \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_ Group/Policy # \_\_\_\_\_

**This Form May Be Duplicated**

Return completed application with \$100.00 Deposit or full Payment of \$265 to:  
**BPSC Inc.** P.O. Box 66671 Austin, TX 78766