

APPLICATION

CAMP SESSIONS (CHECK ONE or more)

- | | | | |
|--------------------------|-------------------|-------------------|--|
| <input type="checkbox"/> | SESSION 1 | June 2-5 | Westlake Athletic & Community Center (WACC) |
| <input type="checkbox"/> | SESSION 2 | June 2-5 | Covington Middle School (South Austin) |
| <input type="checkbox"/> | SESSION 3 | June 2-5 | Austin Sports Center (Cedar Park) |
| <input type="checkbox"/> | SESSION 4 | June 9-12 | West Austin Youth Association (WAYA) |
| <input type="checkbox"/> | SESSION 5 | June 9-12 | St. Michael's Athletic Center (SMAC) |
| <input type="checkbox"/> | SESSION 6 | June 9-12 | Georgetown Rec. Center |
| <input type="checkbox"/> | SESSION 7 | June 23-26 | West Austin Youth Association (WAYA) |
| <input type="checkbox"/> | SESSION 8 | June 23-26 | Anderson High School |
| <input type="checkbox"/> | SESSION 9 | June 23-26 | Cedar Park Rec. Center |
| <input type="checkbox"/> | SESSION 10 | July 7-10 | West Austin Youth Association (WAYA) |
| <input type="checkbox"/> | SESSION 11 | July 7-10 | Clay Madsen Rec. Center (Round Rock) |
| <input type="checkbox"/> | SESSION 12 | July 7-10 | Cedar Park Rec. Center |
| <input type="checkbox"/> | SESSION 13 | July 21-24 | West Austin Youth Association (WAYA) |
| <input type="checkbox"/> | SESSION 14 | July 21-24 | Westlake Athletic & Community Center (WACC) |
| <input type="checkbox"/> | SESSION 15 | July 21-24 | Brushy Creek Community Center (Round Rock) |
| <input type="checkbox"/> | SESSION 16 | July 28-31 | Hyde Park High School |
| <input type="checkbox"/> | SESSION 17 | July 28-31 | Redeemer Lutheran School |
| <input type="checkbox"/> | SESSION 18 | July 28-31 | Brushy Creek Community Center (Round Rock) |
| <input type="checkbox"/> | SESSION 19 | Aug 4-7 | Westlake Athletic & Community Center (WACC) |

Team Name for Discount _____

(Must have 5 or more players for discount)

For session 11 registration, sign up online at
www.roundrockrecreation.com
or in person at
 Clay Madsen Rec. Center
 1600 Gattis School Road
 Round Rock, TX 78664

**REGISTER
ONLINE**

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 9/2025) _____ 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 \$275 to:

BPSC Inc. P.O. Box 66671 Austin, TX 78766