

DATE: MAY 2-3, 2009

LOCATION: EL DORADO HIGH SCHOOL  
1139 LINN LANE  
Las Vegas, Nevada 89110

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Grade In Fall 2009: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Coach Phone: ( ) \_\_\_\_\_  
 Uniform Size: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

I, the undersigned, submit that my son is physically fit and able to participate in strenuous activity and hereby waive NV Phenom Camp of all responsibility for illness or injury sustained. I hereby authorize camp directors to act on my behalf in their best judgement in any emergency medical situation. I understand I am solely responsible for payment of any such medical expense and must provide NV Phenom Camp with proof of medical and accident insurance. I also understand that my payment is non-refundable under any circumstances. I understand that the camper who does not abide by camp facility rules or regulations is subject to dismissal without refund or recourse.

Parent's Signature \_\_\_\_\_  
 Insurance Co. \_\_\_\_\_  
 Policy # \_\_\_\_\_

Make Cashier's Check or Money Orders to:

**702 On The Rise**  
 9101 West Sahara Avenue  
 #105-C9  
 Las Vegas, Nevada 89117

# NEVADA ADIDAS

## TOP 150 PHENOM CAMP



www.nvjrphenomcamp.com



**NV ADIDAS TOP 150 PHENOM  
CAMP  
GRADES 8-9  
MAY 2-3, 2009**

(Class of 2012 & 2013)