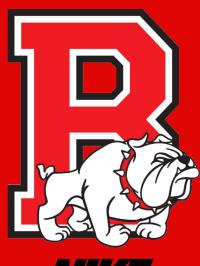


INCOMING 1ST - 6TH GRADERS

JUNE 5TH - 8TH 8:30AM - 12PM



JULY 24TH - 27TH 8:30AM - 12:00PM

INCOMING 7TH - 9TH GRADERS

Assumption of Risk and Release of Liability

I, as a parent or guardian of the named camper, h	ereby grant permission for my son/daughter to
participate in the Borger Bulldog	Camp. I acknowledge the fact that my
child is physically able to participate in all camp	activities. I hereby release the camp and its employees,
Borger ISD, its Board of Trustees, administration,	and employees, from all claims from injuries or illness
that may be sustained by our child. I authorize th	e director or his designee to select hospital facilities
and/or the physician of his/her choice and author	rize treatment of the named child on an emergency basis
in the event that such treatment becomes necessary during the camp.	
CHILDS PRINTED NAME:	
PARENT/GUARDIAN PRINTED NAME:	
PARENT/GUARDIAN SIGNATURE:	
NATF-	
IIDIF	

SCAN THIS CODE ON YOUR MOBILE DEVICE TO COMPLETE THE CAMP FORM

