



2024 - 2025 SCHOOL YEAR

# CENTRAL VALLEY

May 28th-29th // Boys & Girls

5th-8th ■ 8:00am-11am // 1st-4th ■ 12:00pm-2:00pm

Camper's Name: \_\_\_\_\_ Grade Next Fall: \_\_\_\_\_

Email Address: \_\_\_\_\_ School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_



(circle one)

YS YM YL  
AS AM AL  
AXL AXXL

**\$50** REGISTER ONLINE:  
 beranekbballcamps.com *or*  
 make payments to Drake Beranek,  
 918 Milan Ave, Ravenna, NE 68869

### PARENTS' RELEASE & INDEMNITY AGREEMENT:

I certify that the participant is covered by medical insurance and accept responsibility for payment of all medical and related services arising from participation in the Beranek Bball Camp. I hereby release all camp employees from all claims on account of any injury which may be sustained by our (or my) child while attending.

Signature of Parent of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

For more info contact: [beranekbballincamps@gmail.com](mailto:beranekbballincamps@gmail.com)