



2024 - 2025 SCHOOL YEAR

ARCADIA-LOUP CITY

June 6th // Loup City Gym

7th-12th Boys ■ 9:00am-12:00pm

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

\$30 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