

DBHS Spirit Shakers

Junior Camp for Grades K-8

Sunday, October 1st 1:30pm – 4:30pm

DBHS Dome

Student's Name: _____ Age: _____

Current Grade: _____ Current School: _____

T-Shirt Size (please circle one):
Adult S M L XL
Youth S M L XL

Address: _____

City: _____ State: _____ Zip: _____

Parent Email address: _____

Allergies: _____

Parent/Guardian Name and Phone Number: _____

Emergency Contact Name and Phone Number: _____

Insurance Company: _____ Member Number: _____

I hereby authorize the camp director to act according to his/her best judgment in the event of any medical emergency. By signing below, I release the camp facilities, director and staff from liability for any injuries during this camp.

Parent's Signature _____ Date _____

Please enclose a \$35 check made out to DBHS or cash and turn this form and payment into the athletic office at Dobyns-Bennett or return it to any Spirit Shaker. You may also mail the form and payment to the following address:

Dobyns-Bennett High School
Attn: Spirit Shakers
1 Tribe Way
Kingsport, TN 37664

Please direct any questions to the Spirit Shaker coach, Ms. Amanda Cox, at aecox@k12k.com