



Registration Form

Detach this section

NAME _____

EMERGENCY PHONE _____

GRADE 1 2 3 4 5 6 7 8 9

T-Shirt Size (circle one)

Youth: med Lg XL

Adult: Sm Med Lg XL 2XL

In case of accident or emergency requiring medical treatment, I hereby authorize the advice or coach of my child to obtain emergency treatment. I also release the school district from any liability of any kind associated with actions taken in good faith by school district personnel in providing emergency medical treatment.

SIGNATURE OF PARENT/GUARDIAN _____



MHS Varsity Boys Basketball 2021-22



MHS Varsity Girls Basketball 2021-22

Madras High School
390 SE 10th St.
Madras OR, 97741

Phone: 541-475-7265
Fax: 541-475-7744

nbrown@509j.net
jsay@509j.net



Bustin Buffalo Basketball Camp

"To be satisfied with yourself is a sure sign that all forward motion is about to stop."

June 13th-15th, 2022

9:00 a.m.— Noon

Madras High School
Gym

