

BLAZER CRAZIES

Application

Name: _____
(Last) (First) (M.I.)

Sex: (Circle One) Male Female Student #: _____ Grade: _____

Date of Birth: _____ Place of Birth: _____
(Month) (Day) (Year) (City) (State)

How long have you attended Durango? _____ G.P.A.: _____

Do you look good in purple & gold? Yes or No (Circle One)

Have you viewed the "Blazer Crazie" orientation video? Yes or No (Circle One)

"Crazie" nickname you would like to go by: _____

Within the "letter of the law" just how crazy are you? _____

How can you add to the "Crazie" tradition? _____

RELEASE AND CONSENT FOR MEDICAL TREATMENT (MINOR)

I hereby give my approval to participate as a Blazer Crazie. I assume all risks and hazards incidental to such participation, including sore throats, aching muscles, and any other injury that may occur during a Durango Trailblazer basketball game. I understand that by signing this form I must go to all Durango Trailblazer basketball games, including men & women's. I understand that I will be loud, but fair during games to support Durango Trailblazer basketball. I must cheer on my team from the start of the first quarter until the end of the fourth quarter whether or not we are winning. I will help give the Trailblazers support as a Durango High School Blazer Crazie.

I hereby agree with the above terms:

Name: _____
(Please Print)

Signature: _____

OFFICIAL USE ONLY

APPROVED

UNAPPROVED

Blazer Crazies President: _____

Blazer Crazies Vice-President: _____