



TWINSBURG TIGER BOYS' SUMMER BASKETBALL CAMP

WHEN JUNE 5, 6 AND 7, 2019 (WEDNESDAY – FRIDAY)

WHERE TWINSBURG HIGH SCHOOL GYM

WHO BOYS ENTERING GRADES 3, 4, 5, 6, AND 7

TIMES 9AM – 12 NOON

COST \$ 45 - CASH OR CHECK

(PAYABLE TO TWINSBURG ATHLETIC BOOSTERS c/o BOYS' BASKETBALL)

The camp will be directed by Twinsburg Boys' Basketball Head Coach, Phil Schmook. Current players and coaches will assist in the supervision and teaching during the camp. Instruction will cover basic basketball fundamentals of the game including teamwork, fair play and the opportunity to have fun!

Registration and payment must be made by Friday, May 24, 2019 to guarantee requested t-shirt size! Registrations can be turned into the main office at your school, brought to the Twinsburg High School Welcome Center or mailed to the Twinsburg High School Athletic Office at 10084 Ravenna Road, Twinsburg OH, 44087 Attn: Phil Schmook

CONTACT COACH SCHMOOK WITH QUESTIONS: PSCHMOOK@TWINSBURGCSD.ORG OR 330-486-2481

CAMPER'S NAME: _____ GRADE ENTERING IN 2019-2020: _____

T-SHIRT SIZE - CIRCLE ONE:

YOUTH MEDIUM YOUTH LARGE YOUTH XL
ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT XL

PLEASE PROVIDE NAME AND CONTACT NUMBERS:

MOM _____ CELL _____ HOME _____

DAD _____ CELL _____ HOME _____

RELATIVE _____ CELL _____ HOME _____

You must complete the Emergency Medical Authorization Form on the back of this sheet to participate.

EMERGENCY MEDICAL AUTHORIZATION

Student's Name _____ Home Phone _____
Address _____
Parents/Guardians _____

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill injured while under school authority when the parents/guardians cannot be reached.

****This form MUST BE COMPLETED in full to participate in The Tigers Boys' Basketball Camp****

TO GRANT CONSENT

In the event reasonable attempts to contact _____ (parent/guardian)
at: HOME _____ CELL _____ WORK _____
or reasonable attempts to contact _____ (other parent/guardian)
at: HOME _____ CELL _____ WORK _____

have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____ (preferred doctor) or another licensed physician or dentist, if preferred practitioner is not available.
2. The transfer of the student to _____ (preferred hospital) or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist concur on the necessity for such surgery before the performance of such surgery. Facts concerning the child's medical history include allergies, medications being taken, and any physical impairment to which a physician should be alerted.

Parent/Guardian Signature _____ Date _____
Address _____

Twinsburg City School District
Athletic Department
10084 Ravenna Road
Twinsburg, Ohio 44087

AGREEMENT OF RISK

My child and I are aware that participating in The Tigers Boys' Basketball Camp is a potentially hazardous activity. I assume all risks associated with participation in this sport including, but not limited to, falls, contact with other participants, and other reasonable risk conditions associated with the sport. I waive all rights to financial assistance for medical and/or hospitalization expense incurred by my child while involved in any phase of athletic participation. I assume responsibility for payment of any and all expenses for treatment of such occurrences.

Student Signature _____ Date _____
Parent/Guardian Signature _____ Date _____