

# Girls' Basketball Camp

June 12-14, 2019  
9am to 12pm

Girls entering 3<sup>rd</sup>-8<sup>th</sup> grade

Twinsburg High School  
Gymnasium

10084 Ravenna Rd, Twinsburg, OH 44087

**LADY TIGERS**



**BASKETBALL**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*\*All campers must complete the Emergency Medical Form on back of flyer\*\***

**Circle one t-shirt size:** Youth      S      M      L  
Adult      S      M      L      XL

**Cost of camp: \$45 per District Resident**  
***Cash or check made payable to Twinsburg Athletic Boosters c/o Girls' Basketball***

Return registration form and payment via any of the following methods:

1. Main office at your school
2. Drop off at High School Welcome Center
3. Mail to Twinsburg High School - 10084 Ravenna Road, Twinsburg OH 44087  
Attn: Jessica Mazanetz

**\*\*REGISTRATION DEADLINE IS FRIDAY, MAY 24, 2019\*\***

**Contact Info:** Coach Mazanetz - [jmazanetz@twinsburgcsd.org](mailto:jmazanetz@twinsburgcsd.org) OR 330-486-2171

## 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 Lady Tigers 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 Lady Tigers 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 \_\_\_\_\_