



TWINSBURG TIGERS

BOYS' SUMMER BASKETBALL CAMP

WHEN: Thursday, June 13 and Friday, June 14, 2024

WHERE: Twinsburg High School Gym (10084 Ravenna Road, Twinsburg, OH 44087)

WHO: Boys entering grades 2nd through 7th in the fall of 2024

TIMES: 9:00 am – 12:00 pm

COST: \$ 50 - Cash or check to TWINSBURG ATHLETIC BOOSTERS c/o BOYS' BASKETBALL

The camp will be directed by Twinsburg High School Boys' Basketball Head Coach Dominique Sanders, along with his assistant coaches and players. 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 Monday, June 3, 2024 to guarantee t-shirt size!

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

1. Drop off at Twinsburg High School Welcome Center (M-F 7:30am-3pm)
2. Mail to Twinsburg High School - 10084 Ravenna Road, Twinsburg OH 44087
Attn: Athletic Department

CONTACT COACH SANDERS WITH ANY QUESTIONS AT DSANDERS@TWINSBURGCSD.ORG

CAMPER'S NAME: _____ **GRADE ENTERING IN 2024-2025:** _____

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:

PARENT _____ CELL _____ HOME _____

PARENT _____ CELL _____ HOME _____

RELATIVE _____ CELL _____ HOME _____

All campers must complete the Emergency Medical Authorization, Agreement of Risk forms in order to participate in the camp.

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 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 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 expenses 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 _____