

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 fundaments 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**](mailto:PSCHMOOK@TWINSBURGCSD.ORG) **OR 330-486-2481**

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**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 \_\_\_\_\_\_\_\_\_\_