

Girls' Basketball Camp

June 26 - June 28, 2023 9:00 - 11:30 am

Girls entering 3rd-8th grade

Twinsburg High School Gymnasium 10084 Ravenna Rd, Twinsburg, OH 44087

Name	Grade (Fall of 2023)					
Phone Number						
Parent Email:						
Circle one t-shirt size:	Youth	S	M	L		
	Adult	S	M	L	XL	

Cost of camp: \$75 per district resident, \$100 per non-district resident

Cash or check made payable to Twinsburg Athletic Boosters c/o Girls' Basketball

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

- 1. Drop off at Twinsburg High School Welcome Center (M-F 7:30am-3:00pm)
- 2. Mail to: Twinsburg High School 10084 Ravenna Road, Twinsburg OH 44087 Attn: Athletic Department - Ryan Looman

REGISTRATION DEADLINE IS FRIDAY, MAY 26, 2023

Contact Info: Ryan Looman - <u>rlooman@twinsburgcsd.org</u>

All campers must complete and return the EMA and Agreement of Risk form in order to participate

EMERGENCY MEDICAL AUTHORIZATION

Student's Name	Home Phone					
Address						
Parents/Guardians						
Purpose: To enable parents/guardians to au	thorize the provision of emergency treatment for students who					
become ill injured while under school auth	ority when the parents/guardians cannot be reached.					
This form MUST RE COMPLETED :	in full to participate in The Lady Tigers Basketball Camp					
	in fun to purticipate in The Lady Tigers Busicesan Cump					
TO GRANT CONSENT						
In the event reasonable attempts to contact	(parent/guardian) at:					
HOMECELL	WORK					
or reasonable attempts to contact	(other parent/guardian) at:WORK					
HOME CELL	WORK					
have been unsuccessful, I hereby give my	consent for:					
1. The administration of any treatment dee	med necessary by Dr					
(preferred doctor) or another licensed phys	sician or dentist, if preferred practitioner is not available.					
2. The transfer of the student to (preferred hospital) or						
any other hospital reasonably accessible. T	This authorization does not cover major surgery unless the medical					
opinions of two other licensed physicians of	or dentist concur on the necessity for such surgery before the					
performance of such surgery. Facts concern	ning the child's medical history include allergies, medications being					
taken, and any physical impairment to whi	ch 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					
	in the Lady Tigers Basketball Camp is a potentially hazardous participation in this sport including, but not limited to, falls, contact					
with other participants, and other reasonab	le risk conditions associated with the sport. I waive all rights to					
financial assistance for medical and/or hos	pitalization expenses incurred by my child while involved in any					
phase of athletic participation. I assume res	sponsibility for payment of any and all expenses for treatment of such					
occurrences.						
Student Signature Date						
Parent/Guardian Signature Date						