

Girls' Basketball Camp

June 26 - June 28, 2024 9:00 - 11:30 am

Girls entering 3rd-8th grade

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

Name	Grade (Fall of 2024)						
Phone Number							
Parent Email:							
	ne t-shirt size:						
		Adult	S	M	L	XI.	

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 24, 2024

Contact Info: Ryan Looman - rlooman@twinsburgcsd.org

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

EMERGENCY MEDICAL AUTHORIZATION

Address Parents/Guardians Parents/Guardians Parents/Guardians Parents/Guardians 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	Student's Name	Home Phone					
Parents/cuardians 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 HOME CELL WORK or reasonable attempts to contact 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 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 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	Address						
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 HOME CELL WORK or reasonable attempts to contact HOME CELL WORK I. 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 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 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.	Parents/Guardians						
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	Purpose: To enable parents/guardians to aut	thorize the provision of emergency treatment for students who					
In the event reasonable attempts to contact	become ill injured while under school author	ority when the parents/guardians cannot be reached.					
In the event reasonable attempts to contact	**This form MUST RF COMPLETED i	n full to narticinate in The Lady Tigers Raskethall Camn**					
In the event reasonable attempts to contact	This form wost be confidenced	in fun to participate in The Lady Tigers Basketban Camp					
HOME	TO GRANT CONSENT						
HOME	In the event reasonable attempts to contact	(parent/guardian) at:					
or reasonable attempts to contact 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	HOME CELL	WORK					
have been unsuccessful, I hereby give my consent for: 1. The administration of any treatment deemed necessary by Dr	or reasonable attempts to contact	(other parent/guardian) at:					
have been unsuccessful, I hereby give my consent for: 1. The administration of any treatment deemed necessary by Dr	HOME CELL	WORK					
(preferred doctor) or another licensed physician or dentist, if preferred practitioner is not available. 2. The transfer of the student to	have been unsuccessful, I hereby give my c	consent for:					
(preferred doctor) or another licensed physician or dentist, if preferred practitioner is not available. 2. The transfer of the student to	1. The administration of any treatment deer	ned necessary by Dr					
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							
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	2. The transfer of the student to (preferred hospital) or						
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	any other hospital reasonably accessible. The	his authorization does not cover major surgery unless the medical					
taken, and any physical impairment to which a physician should be alerted. Parent/Guardian Signature	opinions of two other licensed physicians o	r dentist concur on the necessity for such surgery before the					
Parent/Guardian Signature	performance of such surgery. Facts concern	ing the child's medical history include allergies, medications being					
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 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	taken, and any physical impairment to which	ch a physician should be alerted.					
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 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							
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 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	Address						
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 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	T : 1 C'(C 1 1 D' ())						
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 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							
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 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	-						
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 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							
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 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	Twinsburg, Onio 44087						
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		AGREEMENT OF RISK					
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	My child and Lare aware that participating	in the Lady Tigers Raskethall Camp is a notentially hazardous					
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							
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	-						
phase of athletic participation. I assume responsibility for payment of any and all expenses for treatment of such occurrences. Student Signature	- · · · · · · · · · · · · · · · · · · ·						
occurrences. Student Signature Date	-						
Student Signature Date		pointing for payment of any and an expenses for treatment of such					
Parent/Guardian Signature Date		Date					
	Parent/Guardian Signature	Date					