

# BOYS INDIANS BASKETBALL CAMP 2009

Monday, June 15, 2009 – Thursday, June 18, 2009

Grades 9-12 9:00 a.m. –12:00 p.m.  
COST = \$30.00, \$25.00 for second member of SAME family

A \$20.00 NON-REFUNDABLE DEPOSIT IS REQUIRED FOR EACH PERSON.  
MAKE CHECKS PAYABLE TO  
INDIANS BASKETBALL CAMP.  
APPLICATION AND REGISTRATION DEADLINE IS JUNE 8, 2009

RETURN TO: KENT RIGGS  
CANAL WINCHESTER HIGH SCHOOL  
300 WASHINGTON STREET  
CANAL WINCHESTER, OH 43110

NAME \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL \_\_\_\_\_

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PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY (OTHER THAN PARENT ABOVE):

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

ANY KNOWN MEDICAL CONCERNS/PROBLEMS: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

SHIRT SIZE (ADULT SIZES): XS S M L XL XXL (CIRCLE YOUR CHOICE)

I GIVE \_\_\_\_\_ PERMISSION TO ATTEND THE CANAL WINCHESTER BASKETBALL CAMP ON THE DATES INDICATED ABOVE. I ASSUME ANY RESPONSIBILITY FOR ANY DAMAGE DONE BY THE ABOVE ATHLETE, TO THE PROPERTY AND/OR EQUIPMENT. I REALIZE THE FAILURE TO ADHERE TO THE CAMP'S RULES AND REGULATIONS WILL RESULT IN THE IMMEDIATE DISMISSAL FROM CAMP AT THE ATHLETE'S EXPENSE. FURTHERMORE, I UNDERSTAND MY SIGNATURE GIVES CONSET FOR ANY EMERGENCY CARE WHICH IS NECESSARY. I WILL NOT HLD THE CAMP STAFF, SCHOOL, OR ITS AGENTS RESPONSIBLE FOR ANY INJURY, ILLNESS OR ACCIDENTS. I UNDERSTAND MY SON IS PARTICIPATING IN THE **CANAL WINCHESTER BOYS INDIANS BASKETBALL CAMP** VOLUNTARILY WITH FULL KNOWLEDGE OF THE RESPONSIBILITIES AND DANGERS INHERENT IN THIS ACTIVITY. I AGREE TO INDEMNIFY AND **HOLD HARMLESS** THE CANAL WINCHESTER BOARD OF EDUCATION AND THEIR AGENTS AND EMPLOYEES FROM ALL LIABILITY, CLAIMS, DEMANDS, DAMAGES OR COSTS FOR, OR ARISING OUT OF THIS ACTIVITY, WHETHER IT BE CAUSED BY THE NEGLIGENCE OF THE INDEMNIFIER OR THE CANAL WINCHESTER BOARD OF EDUCATION OR EITHER PARTY'S AGENTS, EMPLOYEES, OR OTHERWISE.

\_\_\_\_\_  
(PARENT OR GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(ATHLETE'S SIGNATURE)

\_\_\_\_\_  
(DATE)