

AOC Basketball Camps

July 24-27, 2018

TIMES

- SESSION 1: Boys and Girls in incoming grades 4th-8th: 9:00am-12:00pm
- SESSION 2: Boys and Girls in incoming grades 7th-12th: 2:00pm-6:00pm

WHERE: Arthur Christian School

COST: \$50 (due upon arrival at camp)

- Make Checks Payable to – ARTHUR OKAW CHRISTIAN ATHLETICS
- Students in incoming grades 7th & 8th can attend both the morning and afternoon camps at no extra charge!

THE CAMP WILL INCLUDE:

- Skill Training in:
 - o Finishing
 - o Shooting
 - o Ball handling & Passing
 - o Post moves
- Competitions
- Fun Games
- Prizes
- Individualized Player Evaluations for Each Camper
- Camp t-shirt

TO REGISTER:

- Fill out this registration form and send by June 29th to:
 - o Arthur Christian School, 1637 State Hwy 133, Arthur, IL 61911 (or)
 - o gmast@arthurchristian.org

T-SHIRT SIZES (Circle one):

YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

CHILD'S NAME: _____ **YEAR IN SCHOOL (INCOMING):** _____

SESSION (Circle one): 1 2 BOTH (7th & 8th Grade only)

***PLEASE READ AND SIGN WAIVER RELEASE AND LIABILITY FORM ON REVERSE SIDE**

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I hereby assume all of the risks of participating in the AOC Basketball Camps. Including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in the AOC Basketball Camps. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the AOC Basketball Camps in which I may participate and that it will govern my actions and responsibilities at the Camp.

In consideration of the registration for participation in the AOC Basketball Camps, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the Camp. THE FOLLOWING ENTITIES OR PERSONS: AOC Athletics, Greg Mast, and/or their coaches, agents, representatives or volunteers.
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this Camp, whether caused by negligence or otherwise.

I acknowledge that this Camp may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and lack of hydration.

I consent and agree that AOC Athletics and/or their coaches, agents, representatives or volunteers may take photographs or digital recordings of me as a participant during this event and use these in any and all media for training or promotional purposes. I further consent that my identity may be revealed therein or by description text or commentary. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration.

The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

Print Participant's Name and Age

Signature of Parent/Guardian

Date