

# 2019 TROJAN BASKETBALL CAMP

CHS Head Coach Brad Oakley, Camp Director

Open to all BOYS, entering grades 1-8 in the fall of 2019 (**notice the separate times for age groups**)

CAMP INFORMATION: **June 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 2019 (MON-WED)**

Charleston High School

**\*\*\*\*\*8:30-10:30 a.m. (1<sup>st</sup>-4<sup>th</sup> grade) \$35 per camper**

**\*\*\*\*\*8:30-11:30 a.m. (5<sup>th</sup>-8<sup>th</sup> grade) \$50 per camper**

**ALL CAMPERS WILL RECEIVE A T SHIRT**

**Make checks payable to CHS and mail along with registration**

**form to: Trojan Basketball Camp**

**Brad Oakley  
Charleston High School  
1615 Lincoln Avenue  
Charleston, Illinois 61920**

**OR CALL- 217-508-9456**

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**PLEASE DETACH AND RETURN BY May 28th, 2019  
TROJAN BASKETBALL CAMP REGISTRATION FORM**

Participant \_\_\_\_\_

**Grade in Fall of 2018** \_\_\_\_\_

**Circle T-Shirt Size: Y-S Y-M Y-LG AD-SM AD-M AD-LG AD-XL**

Address \_\_\_\_\_

Health Concerns \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Telephone \_\_\_\_\_

## WAIVER AND RELEASE OF CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s). "I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any of these activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against

C.U.S.D. #1, and its officers, agents, servants and employees as a result of participating in any of the above program(s). I hereby fully release and discharge the Charleston Booster Club, C.U.S.D. #1 and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Charleston Booster Club, C.U.S.D. #1 and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s). I understand that unless specifically stated in writing at the time of registration photographs of participants may be taken. I have read and fully understand the above program details and waiver and release all claims."