

# 2019 BC Basketball Camp

**Dates:** June 3<sup>RD</sup> – June 5<sup>th</sup>

**Time:** 9:00 AM – 11:30 AM

**Cost:** \$50 (checks payable to Mike Cleveland)

**Location:** BCPRD Rec. Center

**Ages:** 7 & up

**Awards will be given for FT Shooting, Hot Shot Competition, One on One Play (winner from each age group). Coach Cleveland, varsity boys assistant coaches, and the varsity boys basketball team will give instruction. Free breakfast and lunch will be served.**

**Camper's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

**Does your child have any medical conditions?**

\_\_\_\_\_  
\_\_\_\_\_

**T-shirt size:**    YS                    YM                    YL                    AS                    AM                    AL                    AXL

As a parent, participant, or organization in the Banks County Parks & Recreation Department program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I, my children, or organization may have as a result of participating in this program against the Banks County Recreation Department and its officials, commissioners, officers, agents, employees, and volunteers. I further agree to indemnify, hold harmless and defend the Banks County Recreation Department and its officials, commissioners, officers, agents, employees, and volunteers from and against any and all claims, suites of actions, including attorney's fees, sustained or caused by myself, my children, or organization arising out of, in connection with, or in any way associated with the activities of this program. I give my child permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against the Parks and Recreation Department and its officials, commissioners, officers, agents, employees, and volunteers for damages and/or injuries which may arise from any participant in this program.

I understand that concussions and head injuries are risks associated with any sporting event. I agree that I will abide with a Department official's decision to remove my child from a sporting event if the official suspects my child has sustained a head injury or concussion. I also agree to abide by the policy's mandate to provide a note from a qualified health professional before my child may resume participation in Department sporting events.

I hereby consent to and authorize the Banks County Parks and Recreation Department, its publishers, licensees and assignees, permission to use and reproduce still photographs and/or film footage taken of me (and/or photos taken of my child/children) in whole or in part, with or without names, for editorial, trade or advertising purposes. I also confirm that I waive all claims arising from such use for any compensation, damages, and invasion of privacy.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_