

REBEL BASKETBALL CAMP

IN PARTNERSHIP WITH COUNTY OF NEWBERRY RECREATION

The County of Newberry Recreation Department and the Mid-Carolina High School Basketball Team will be offering a **3 day basketball camp**. The Camp will focus on instructing fundamental skills and will include drills and games.

WHEN: Monday, June 17th through Wednesday, June 19th, 2019

WHERE: Mid-Carolina High School Gym

TIME: 9:00 AM until 12:00 PM

AGES: The camp is open to boys and girls ages 6 to 13.

COST: \$45.00 - Make checks payable to "Mid-Carolina Basketball".

Camp Participants will receive a t-shirt IF forms are turned in no later than June 3, 2019

Please fill out the information below and return it to Mid Carolina High School. Parents may also choose to register their child on the morning of the first day of camp, with NO t-shirt. Registration will begin at 8:30 AM on the first day of camp.

Please contact Coach Kevin Winch at Mid Carolina High School (364-2134) with any questions.

Participant's Name: _____ Date Of Birth: ____/____/____ Age: ____ Grade: ____

Name: Father's: _____ Mother's: _____ Legal Guardian's: _____

Mailing Address: _____ City: _____ Zip: _____ E-MAIL: _____

Home Phone: _____ Work: _____ F/Cell: _____ M/Cell _____ Other: _____

Name of Insurance Co: _____ Policy /Card # _____ Ph: _____

Participant Shirt Size: Please Circle: **YS YM YL AS AM AL AXL**

PLEASE READ WAIVER AND RELEASE BEFORE SIGNING:

In signing up and participating in this Camp, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in these programs and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in these programs against the County of Newberry, the Newberry County School District, and its, officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff/volunteer coaches to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel.

I understand I am responsible for my own medical coverage and all costs incurred in any such medical emergency.

I understand photographs of my child's participation in this program may be used by County of Newberry to promote the County's events, without compensation and without additional approval.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER.

Parent's or Legal Guardian's Signature: _____ Date: _____