

Philomath Basketball Skills Camp

- **What:** Day Basketball Camp For 3-8th Grade Boys & Girls
- **When:** Monday November 11th (NO School Day)
- **Time:** 10am – 3pm (Lunch Provided)
- **Where:** Philomath High School Gyms
- **Cost:** \$40
- **Camp Focus:** Ball Handling, Open Court moves, Fundamental Shooting Techniques, Speed Agility Drills and FUN
- **Info/Questions:** Blake Ecker 541-979-9727

Name _____ Grade _____
T-Shirt Size _____

Please make checks to Philomath High school and don't forget to fill out the
waiver form
Reverse side of this form must be completely filled out

PLEASE RETURN TO THE HIGH SCHOOL
Or
Bring to the gym on the 11th

PHILOMATH SCHOOL DISTRICT SPORTS CAMP/SUMMER LEAGUE LIABILITY WAIVER—INDEMNIFICATION FORM—INSURANCE INFORMATION

The purpose of the warning to bring to your attention the existence of potential dangers associated with participation in this sports camp or activity. Please read this information carefully and be aware that in signing up and participating in this activity, you will be expressly assuming all the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child might sustain as a result of participating in any and all activities connected with this activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, and I voluntarily agree to assume the full risk of any injuries, damages, or loss, regardless of the activity, that my minor child or I may sustain as a result of participating in any and all activities connected with or associated with this activity. I further agree to waive and relinquish all claims my child or I may have or accrue to me or my child as a result of participating in this activity against the Philomath School District, Philomath High School or anyone associated with this activity; including the officials, agent affiliates, volunteers, employees and sponsors.

I do hereby fully release and forever discharge the Philomath School District and Philomath High School including their officials, agents, affiliates, volunteers, employees and sponsors of any and all claims of injury, damages or loss that my child or I may have, or which may accrue to me or my child and arising out of, connected with, or in anyway associated with this activity.

I do hereby authorize the instructors of this camp to act on my behalf authorizing any reasonable and necessary medical care, including medicine, for the benefit of that child should the child become ill or injured during the time that the coaches or sponsors are supervising or working with my child during the camp, and if I, or the emergency contact listed below, are unable to be contacted at the listed phone numbers.

Participant's Name _____ DOB (dd/mm/yyyy) ____ / ____ / ____

Address _____ City _____

State/Zip _____ Phone# _____ Email _____

Emergency Contact _____ Phone _____

Signature _____ Date _____

(parent or legal guardian)

Medical Information:

Does this child have any limitations, allergies, or other significant medical condition? Yes / No

If yes, please explain:

Medical Insurance Program and ID# _____

****If your child does not have medical insurance, you may purchase a 24 hour summer policy ONLINE for \$31 at www.StudentInsurance-kk.com. Please attach a copy of your receipt for proof of purchase***

Primary Doctor's Name and Phone Number _____