



# Basketball Camp

Carolina Forest High School Basketball Team will be offering a 4-day Basketball Camp. The Camp will focus on instructional fundamental skills and will include drills with games.

**WHEN:** July 8th to July 11th, 2019

**WHERE:** Carolina Forest High School Gym

**TIME:** 9 A.M. until 12 P.M.

**AGES:** rising 4th grades through rising 9th grades

**COST:** \$75.00 -Make checks payable to: (CAROLINA FOREST ALL SPORTS BOOSTER CLUB)

**Camp Participants will receive a t-shirt if forms are turned in no later than June 5th, 2019**

Please fill out the information below and return it to Carolina Forest High School by Wednesday June 5th, 2019. You may also register on the morning of the first day of camp, with no t-shirt guarantee. Registration will start at 8:30 AM on the first day of camp.

Please contact Coach DeWalt at Carolina Forest High School **(843) 236-7997** 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 Carolina Forest High School, the Horry 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 Carolina Forest High School to promote the school's events, without compensation and without additional approval. I HAVE READ AND FULLY UNDERSTAND THIS WAVIER. Parent's or Legal

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_