



# 2010 BETHANY COLLEGE BASKETBALL DAY CAMP FOR BOYS

WHEN: June 1-4, 2010 (Tuesday through Friday)

AGES: 2-5 grade boys; 6-8 grade boys (grade entering 2010-11 school year)

TIMES: 2-5 grade boys: 1 p.m.- 3 p.m.; 6-8 grade boys: 9 a.m.- 11 a.m.

COST: \$65.00

REGISTRATION DEADLINE: May 21, 2010

WHAT WILL BE TAUGHT: Fundamentals of the game of basketball.

QUESTIONS: Call Coach Clair Oleen at (785) 227-3380, ext. 8176 or (785) 227-3279

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## REGISTRATION FOR BOYS BASKETBALL DAY CAMP, June 1-4

Name \_\_\_\_\_ Age Group \_\_\_\_\_ 2-5 \_\_\_\_\_ 6-8

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone# \_\_\_\_\_ School Currently Attending \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

Adult shirt size (circle): S M L XL

Name of Insurance Company for Injury Coverage \_\_\_\_\_

Policy Number \_\_\_\_\_

- 1) Make checks payable to Bethany College Boys Basketball Day Camp
- 2) Attach a photo copy of your insurance card
- 3) Read and sign Liability Statement on the back of this form
- 4) Complete this Registration Form
- 5) Turn in a completed Physical Form or Well-Check from the child's physician

Mail All Four Items to: Summer Programs, attn: Roxie Sjogren  
Bethany College  
335 E Swensson St  
Lindsborg, KS 67456





Name: \_\_\_\_\_

Camp: \_\_\_\_\_

## Liability Statement for Participants in Bethany College Sports Camp

Parents/guardians of participants: Please read, complete and sign. If there are no health limitations, please write NA or not applicable.

I understand that participation of my child in the Bethany College Sports Camps (tennis, football, volleyball, baseball or basketball) could subject my child to risk of personal injury. Because of these risks, I recognize the importance of my child following coaches' instructions regarding playing techniques, training and team rules, and I agree that my child will follow those instructions. These risks have been considered and relying on my own judgment, I have agreed to allow my child to participate, and I assume all such risks. I certify that my child is in suitable health and capacity that allows my child to participate, subject to the following limitations:

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Further, if any emergency medical procedures are required for my child, during the scheduled camp period, I give consent to the staff of the Bethany College Summer Programs and/or coaches for taking, arranging for, and consenting to the procedures in their discretion. I have insurance covering my child for any injuries or illnesses incurred during the camp, and I will pay any costs of any such medical procedures that are not covered by my insurance. In addition, I release and waive, and agree to hold harmless, Bethany College, and all of its staff, from any and all claims that I, or any other person related to my child, may have for any losses, damages, or injuries arising out of, during, or in connection with my child's participation in the camp, and related activities, or the rendering of emergency medical procedures, if any. I further understand that violation of camp rules may result in the dismissal of my child from camp with all fees forfeited.

Parent/Guardian's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Authorized person(s) to pick up my child: \_\_\_\_\_