

Sponsored by Wickliffe Recreation Department



2017 JUNIOR "BLUE DEVIL" BASKETBALL CAMP

For Boys and Girls entering grade K – 3 during the 2017-18 school year.
Limit: 40 campers

WHEN: May 30 - June 2 (Tuesday, Wednesday, Thursday, Friday)

WHERE: Wickliffe Elementary School Gymnasium

TIME: 9:00 a.m. – 11:30 a.m.

COST: \$40 Residents/\$50 Non-Resident

CAMP DIRECTOR: WHS Head Coach Craig Austin



PLAYER CONTRACT, PLEASE FILL OUT IN CHILD'S NAME.

NAME _____ BIRTHDATE _____ GRADE ENTERING '17-'18 _____

ADDRESS _____ CITY/STATE/ZIP _____ AGE _____

PHONE _____ ABLE TO RECEIVE TEXT (CIRCLE) YES OR NO

EMAIL _____

CIRCLE SHIRT SIZE: SM-YOUTH M-YOUTH L-YOUTH SM-ADULT M-ADULT L-ADULT XL-ADULT

In case of injury, while participating in the "Blue Devil" Basketball Camp, we the parents of the above name child, will not hold the coaches, instructors, school personnel, the Wickliffe School Board of Education or the City of Wickliffe responsible for any injury incurred at the above function.

SIGNED BY: _____

(Parent or Legal Guardian Signature)

PLEASE PRINT PARENT'S NAMES:

MOTHER: _____ FATHER: _____

In the event reasonable attempts to contact me or my spouse have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Physician Dr. _____ Phone _____

Preferred Dentist Dr. _____ Phone _____

or if neither is available, by another licensed physician or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and physical impairments to which a physician should be alerted: _____

Signature of parent _____ Date _____

REFUSAL TO CONSENT: (DO NOT COMPLETE IF TO GRANT CONSENT ABOVE IS COMPLETED)

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the "Blue Devil" Basketball Camp authorities to take no action.

Signature of parent _____ Date _____

Circle Fee Enclosed: \$40.00 Resident \$50.00 Non-Resident

Make checks payable to City of Wickliffe.

Mail to:
Wickliffe Recreation Dept.
28730 Ridge Rd.
Wickliffe, Ohio 44092