

CITY OF INDEPENDENCE ANNUAL BASKETBALL CAMP

2017

The purpose of this camp is to give each participant the opportunity to learn the fundamentals of the game and to play in a game situation. All campers are given an equal amount of time to learn the skills and to participate in the games. Campers are grouped according to age and ability. Our staff hopes to instill a desire in you to work and strive to become a better basketball player, by exposing campers to enthusiastic instruction and good competition.

Staff: Head Coach, Jeff Stowers, coaching staff current or former college basketball players or high school coaches
Nita Brake, City of Independence Parks & Recreation Director

Location: Summit View Academy
Ages: boys & girls 6 to 13 years old

Camp Date: Monday, June 19th to Thursday, June 22nd
Time: 8 to 11:30 a.m. (drop-off between 7:30 & 8 a.m.)



Cost of the Camp: Early bird registration fee before June 2nd is \$45 for the first child, \$35 for each additional child in the same family.

After June 2nd registration fee is \$55 for the first child and \$45 for each additional child.

Checks should be made payable to The City of Independence.

Awards: Awards will be given in each age group for the following: Hot Shot Champion, Knock-out Champion, Free Throw Champion, Team Champs and camper of the week. Daily awards will be given in each age group to the camper of the day.

Each camper will receive a **BASKETBALL & Water Bottle** as well as daily instruction on the fundamentals of basketball.

City of Independence Basketball Camp 2017 Registration Form
Fill in completely and return to: Nita Brake, Parks & Recreation Director
City of Independence, 5409 Madison Pike, Independence, KY 41051

Name _____ Male () Female () Age _____

Address _____

City _____ State _____ Zip _____

School participant attends _____ Home Phone _____

E-mail address _____

Emergency Name & Phone _____

Medical Consent and Waiver Form

Medical Consent Agreement

I hereby authorize the City of Independence, the basketball camp coaching staff, or their designate to treat the above participant for any injury or illness they sustain during the camp. I authorize all necessary medical treatment and admission to any hospital designated by the coaching staff if advanced care (x-rays, test, etc.) is required. It is understood that the patient and their parent/guardian will be notified to grant additional authorization for any special treatment or surgical procedures are necessary.

Participant Waiver

WAIVER in consideration of my entry into this camp: I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waiver release and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of performance or failure of performance of the City of Independence staff coaching staff for the camp, the school system, or others involved in this camp, and assigns of the parties named above, for any and all damages which may be sustained and suffered by me in connection with my association or entry in, and/or arising out of my traveling to, participation in and returning from this camp. Participant agrees to abide by any rules the coaching staff may have.

Participants signature _____ **Date** _____

Parent/Guardian signature _____ **Date** _____