

IMPROVE BASKETBALL CAMP

APPLICATION

Mail to: **improve**

2557 Falconbridge Drive
Cincinnati, Ohio 45238

Players Name _____
Parent/Guardian _____
Address _____
City _____ St _____ Zip _____
Home Phone _____ Age _____
School _____
Incoming grade ____ T-shirt size (circle): YS YM YL S M L XL
E-mail _____

Check appropriate box:

- Boys/Girls (incoming 2nd - 8th grades)
Nagel Junior H.S. (East) July 26-29, 8:30 a.m.-12:30 p.m.
- Boys/Girls (incoming 2nd - 8th grades)
O.L. Visitation (West) July 12-15, 8:30 a.m.-12:30 p.m.

Parental Permission indemnifying release:

In consideration of the improve program allowing my child to play basketball in said program, I/we undersigned parents, or legal guardian of _____ a minor, do hereby agree as follows: (1) I/We grant permission for said minor to participate in any and all of said program activities. (2) I/We grant to said program, any and all of its coaches, agents, employees or representatives permission to supervise, in a reasonable manner, our minor child in his participation in any and all of said camps activities. (3) I/We hereby release and forever discharge said program, the camp directors, Nagel Junior High School, Our Lady of Visitation School, any and all coaches, sponsors, agents, employees or representatives of said organizations, individually as a group or entity, for any and all claims, demands, damages, actions, causes of action, or suits of whatsoever kind and nature which may arise out of participation of my child in said program. (4) I/We further agree to protect the aforesaid individuals, groups, and/or entities against any claims, demands, damages, actions, causes of action, or suits of whatsoever kind and nature which may arise out of participation of my minor child in said program and to reimburse any loss or damages the aforementioned individuals, groups and/or entities may have to pay, if any litigation arises out of participation of my child in said program. (5) I/We further state that to the best of our knowledge is physically fit and able to play basketball. I/We agree to furnish a doctors statement to that effect if requested by a program director. It is understood that this program does not take responsibility for the physical fitness of the players and that as parents/guardians we take responsibility for the physical condition of our minor child. (6) I/We further certify that we have health and hospitalization insurance under which said child is an insured. I further grant the program directors to have my child treated by a physician in the event of illness or injury and I/we cannot be immediately contacted.

Athletes Signature _____

Parent/Guardian Signature _____

Medical Insurance Coverage _____

Plan # _____ Date _____