

## **Flour Bluff Hornet Basketball Camp**

**WHO:** Incoming 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> (GIRLS)

**DATE:** May 30<sup>th</sup> – June 2<sup>nd</sup> (TUE – FRI)

**TIME:** 1:00 – 4:00 PM

**PLACE:** Varsity Gym

**FEE:** \$50.00

**LIMITED ENROLLMENT:** Enrollment for the camp will be limited to 50 campers.

**DEADLINE:** May 30, 2017

**REGISTRATION:** Please send your registration along with \$50 so that you may secure a spot.

Please mail to: Flour Bluff Athletic Dept. C/O: COACH McMinn 2505 Waldron Rd. C.C. TX 78418

Make checks payable to Athletic Dept. Girls Basketball

(If registering for multiple camps, please make separate checks payable to each camp.)

**For additional information:** Call Coach McMinn at 694-9276

**Campers will need to submit the following forms the first day of camp.**

- 1. Physical from doctor. (submit a copy-not originals) Physical must be on a FBISD official physical form, which is on the Flour Bluff website.**
- 2. Waiver of claims signed by parent. (bottom of form)**
- 3. Registration form. (please submit as soon as possible)**

**(PLEASE DETACH REGISTRATION FORM AND MAIL WITH CHECK)**

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### BASKETBALL (Girls) 2017 SUMMER CAMP REGISTRATION FORM

Name: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_ Shirt Size: (circle one) YS YM YL or ADULT S M L XL

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Home: (361) \_\_\_\_\_

Work: (361) \_\_\_\_\_ Cell: (361) \_\_\_\_\_ Doctor's: (361) \_\_\_\_\_

Please list any medical concerns if any: \_\_\_\_\_

**WAIVER OF CLAIMS:** I, as a parent, guardian or adult student hereby give permission for my child/myself to participate in the Flour Bluff Hornet Basketball Camp and acknowledge the fact that my child/I am physically able to participate in camp activities. I hereby authorize Flour Bluff Independent School District ("FBISD") and the directors of the Flour Bluff Hornet Basketball Camp to act for me per their best judgment in any emergency requiring medical attention.

I also assume all and any other risks associated with participating in basketball camp, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity. I also understand the risk of my child/myself participating with other children of varied skill levels, abilities and age differences. I acknowledge I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my child/myself. I hereby agree to release, discharge and forever hold FBISD, its board members, employees, agents, officers, directors, heirs, assigns and legal representatives harmless from all and any claims, demands or suits, known or unknown, fixed or contingent, liquidated or unliquidated, arising from my child's/my own participation in UIL and FBISD approved sports.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_