

For and in consideration of participation by _____ in the Beechwood High School Tigers Summer Basketball Camp to be held on June 18-21. I agree to hold Beechwood High School and its employees harmless and to waive the right to bring legal action against Beechwood High School and its employees for any injuries sustained during the course of this basketball camp.

Students are encouraged to carry their own accident and/or medical insurance. Coaches and instructors of the Beechwood High School Tigers Basketball Camp are safety conscious and follow appropriate safety procedures. In the event of injury or illness, every effort will be made to contact the parents or guardian.

If necessary, I authorize Beechwood High School to administer first aid and/or authorized medical treatment if this becomes necessary. The above named participant has had a medical examination within the last twelve months and is capable of participating in this basketball camp.

This agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent.

Name: _____ Phone: _____

⋮

(Participant's Name)

Parent or Guardian's Signature: _____ Date: _____

⋮

June 18-21, 2018
Boys Entering 3rd-8th Grade
9:00-12:00 (3rd-5th Grade)
1:00-4:00 (6th-8th Grade)

REGISTRATION

Please mail completed registration form and payment to (one form per camper):

Beechwood High School

54 Beechwood Rd

Fort Mitchell, KY 41017

Cost: \$75.00 per camper

Early Registration (Prior to June 1) - \$65

Family Discount—\$55/camper

Checks made payable to: Beechwood High School

Camp Notes

Basketball Camp will take place in the High School and Auxiliary Gym.

Doors will open each day 30 minutes prior to start of camp

Every camper will receive a camp t-shirt

Additional shirts and prizes will be awarded to competition winners at closing ceremonies on Thursday at 11:40 and 3:40.

Beechwood Boys Basketball

Name _____

Grade (Fall 2018) _____ . School _____

T-Shirt Size _____

Address _____ . City _____

. State _____ . Zip _____

Home Phone _____ . Emergency Phone _____

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Parent or Guardian's Name _____

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