

2019 TROY GIRLS' BASKETBALL CAMP



GRADE ENTERING: 9th thru 12th

NAME: _____ **GRADE ENTERING IN FALL 2019** _____

T-SHIRT SIZE: (ADULT) S _____ M _____ L _____ XL _____ XXL _____

DATES: Monday, June 10, 2019 thru Thursday, June 13, 2019

TIME: 9:00am – 11:00am

PLACE/FIELD: Troy Junior High School Gymnasium

FEE: **\$50.00 PLEASE MAKE CHECK PAYABLE TO:**
TROY HIGH SCHOOL BASKETBALL PARENTS ASSOCIATION

SEND: **APPLICATION AND ENTRY FEE TO:**
Troy High School Athletic Department
Attn: Coach Aaron Johnson
151 W. Staunton Road
Troy, OH 45373

BENEFITS:

- Camp T-shirt
- Instruction from Troy High School Basketball Coaching Staff

HIGHLIGHTS: This camp is designed to help players of all skill levels improve their game by focusing on individual skill development and fundamental reinforcement including ball handling, shooting, defense, and rebounding. Along with developing solid individual fundamental skills, each camper will participate in individual competitions as well as team competitions.

WHAT TO BRING: • Water Bottle

DEADLINE: ***** TO RECEIVE A CAMP T-SHIRT *****
**YOUR ENTRY FORM AND ENTRY FEE MUST BE RECEIVED
BY COACH JOHNSON BY MONDAY, MAY 27, 2019.**

PARTICIPATION AGREEMENT AND WAIVER OF LIABILITY

The Undersigned parent and/or guardian of the student understands and is aware that during the Activity(ies) in which the student is participating (identified above), under the direction of Troy City School District and its employees and volunteers ("TCSD"), certain risks and dangers may occur, including but not limited to, hazards of accidents or illnesses, the forces of nature, personal injuries, theft and/or destruction of personal property, acts of third persons, and travel by airplane, automobile, bus, train, or other means. In exchange for TCSD allowing the student to participate in the Activity(ies). The Undersigned further agrees to indemnify and hold TCSD harmless from any claim arising out of or related to the student's participating in the Activity(ies). This release shall be binding upon the Undersigned and the heirs, next of kin, executors, administrators and personal representatives of the Undersigned.

The Undersigned verifies that the student is covered by a current accident/medical policy of his/her own or with his/her parents and/or guardian.

Name of Student: _____

Address: _____
(Number & Street) City State Zip

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Signature (Parents or Guardian)

Date