



# Oakville Girls 2019 High School Summer Basketball Camp



**Girls Entering: 9th-12th grade**  
**May 29th-31st (Wednesday-Friday)**  
**4:00-6:00pm - Gym A**

Athletes Name \_\_\_\_\_

Grade entering 19-20 \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address (Parent) \_\_\_\_\_

Contact # \_\_\_\_\_ Tshirt size \_\_\_\_\_

**\*\* Camp costs is \$60 per athlete. Please make checks payable to Oakville Athletics.**

**Mail to: Oakville High School  
ATTN: Athletics/GBB Camp  
5557 Milburn Rd  
St. Louis, Mo 63129**

**\*\*Any questions please call athletics at 472-7202 or email Coach Bishop:  
[bishopl@msdr9.org](mailto:bishopl@msdr9.org)**

**This to certify that**

\_\_\_\_\_  
(Camper's name)

**is physically fit to participate in all activities at the basketball and/or volleyball camp(s), and has had a recent physical exam.**

*Oakville Girls Basketball/Volleyball Camp Release and Waiver of Liability:* I understand that playing or participating in the above sport(s) may be a potentially dangerous activity with the risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously hurt.

I am aware that the dangers and risk of my child/ward playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities and the effects of weather, including heat and humidity. I understand that my child/ward may incur a serious injury including paralysis or death, as a result of the dangers and risks associated with the above sport(s). I have certified to the coach, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the camp. I understand that the coach recommends that my child/ward obtain a physical examination to identify any physical condition or limitation of which I might not be aware that could affect her participation in the above named sport(s). I have advised the coach of any limitations on my child/ward's activities for medical reasons.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport(s), and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and further, to waive, release, discharge and hold harmless Mehlville School District and their respective employees, coaches, camp instructors and volunteers from any and all liability actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claim whatsoever arising out of, or in any way connected with my child/ward playing and participating in the above sport and camp. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, my child/ward and our heirs, executors, administrators, guardians or anyone else who might assert a claim on our behalf.

I hereby consent to permit the coach and staff working at the camp to provide emergency first-aid or medical treatment for my child/ward according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_