



**2018 Hawk
Holiday
Basketball Camp**

**2018 Cincinnati
Sectional
Champs**

**December 20th – 22nd
9:00 am – 12:00 pm**

**Lakota East High School
6840 Lakota Lane
Liberty Twp, OH, 45044**



2018 Holiday Camp Registration Form

Name: _____
Grade: _____ (18-19) Parent (s): _____
T-Shirt Size: S M L XL (adult sizes)
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____ Email: _____
Cost: \$80 Mail to: Clint Adkins Lakota East High School 6840 Lakota Lane Liberty Township, OH, 45044 Checks payable to: "Lakota East Athletics"

Waiver: Participation at this camp/league is at your own risk. None of the coaches nor the school district shall be held liable for any injury or damages resulting from participation in the camp/league. We urge you to consult a physician before attending camp. By signing this you release the camp, its instructors, and school district from liability.

Parent/Guardian signature _____ Date _____

What to Bring

- Basketball Shoes
- Basketball Clothing
- Water Bottle

Activities

- Teaching Stations
- 3 on 3 games
- 5 on 5 games
- Various Contests

Coaching Staff

- Clint Adkins
- Kyle Vanderhorst
- John Staley
- James Dews
- Dick Thomas
- Jerry Bell
- Tyler Dietz



The East Way

c/o Clint Adkins
6840 Lakota Lane
Liberty Township, Ohio 45044
Basketball Office -
(513) 759-8615 Ext. 15145
clinton.adkins@lakotaonline.com
Twitter: @eastsidehoops



LOCAL SCHOOLS

Off-Season Student Activities or Camps

Release of Liability / Informed Consent / Assumption of Risk Waiver

I _____, hereby understand and acknowledge that participating in off-season student activities, including camps, school-sponsored activities not-in-season, open mat, open gyms, and/or use of exercise equipment (hereinafter, the "Activity") provided by **Lakota Local School District Board of Education** on its properties, requires physical exertion that may be strenuous and may expose me to many inherent risks, including accidents, physical injury, illness or even death. I am fully aware of the risks and hazards involved. I assume all risk of injuries associated with participation in said Activity of which may or may not be currently known, including, but not limited to, falls, contact with other participants, physical injuries, potential for falls, slips, sprains, broken bones, etc. In extremely rare cases, paralysis and even sudden death can occur as a result of the participation in this Activity. Serious injury or sudden death may also occur as a result of improper use of equipment.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in Activity. I acknowledge that I am physically fit and mentally capable of performing the physical Activity I choose to participate in.

Being fully informed as to these risks and in consideration for being allowed to participate in this Activity, I hereby assume all risk of injury, damage and liability arising from participation in this Activity. I have read this Release of Liability and Assumption of Risk Agreement. I fully understand this agreement and that I have given up substantial legal rights by signing it. I sign it freely and voluntarily. I hereby release and hold harmless the **Lakota Local School District Board of Education**, its board of education members, employees, volunteers and agents from any liability, actions, causes of action, claims, judgments cost or expense, including attorneys fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by me while participating in said Activity. I have voluntarily chosen to participate and assume all such dangers and risks.

Student's Name	Participant's Signature	Date
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I certify that I am the parent/legal guardian of the above-named student, and that I have read and understand this Release of Liability/Informed Consent/Assumption of Risk Waiver agreement. I certify that I have explained the risks and dangers to my child. I certify that I have completed, signed, and returned an Emergency Medical Authorization Form consenting to emergency medical treatment for my child. I hereby release and hold harmless Lakota Local School District Board of Education, and their board of education members, employees, volunteers and agents associated with the Activity and related activities from any liability, actions, causes of action, claims, judgment cost or expense, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in this Activity(ies). I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my child be permitted to participate in this activity.

Parent's Name	Parent's Signature	Date
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Parent's Name	Parent's Signature	Date
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Is this student covered by a medical insurance policy? Yes: _____ No: _____

If yes,
Insurance Company: _____ Policy Number: _____

