What to Bring:
- Basketball shoes
- Basketball clothes
- Water bottle

Activities:
- Teaching Station
- 3 on 3 games
- 5 on 5 games
- Contests

Coaching Staff:
- Clint Adkins
- Kyle VanderHorst
- Tyler Dietz
- James Dews
- Dick Thomas
- Jerry Bell
- John Staley

2019 Hawk Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Level</th>
<th>Dates</th>
<th>Grade</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School (10-12) - Lakota East HS</td>
<td>June 1-13 (9:00 am - 3:00 pm)</td>
<td>Grades 7-9</td>
<td>$80</td>
<td></td>
</tr>
<tr>
<td>Junior High (7-9) - Lakota East HS</td>
<td>June 17-19 (9:00 am - 12:00 pm)</td>
<td>Grades 7-9</td>
<td>$80</td>
<td></td>
</tr>
<tr>
<td>Shooting Camp (Boys &amp; Girls) - Lakota East HS</td>
<td>June 3-5 (9:00 am - 12:00 pm)</td>
<td>Grades 7-9</td>
<td>$80</td>
<td></td>
</tr>
</tbody>
</table>

Note: If your child attends one camp at $80, the second camp is only $60.

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.

Cost: $80

Camp Sessions: HS (10-12) JH (7-9) Youth (1-6) Shooting Camp (1-12) (circle camps your child will attend)

Mail to: c/o Clint Adkins 6840 Lakota Lane Liberty Township, OH 45044 Checks payable to: Lakota East Athletics.

Note: If your child attends two camps the second camp will only be $60.

Parent/Guardian signature

Date
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 this Activity, including but not limited to falls, contact with other participants, physical injuries, and accidents. I am responsible for my actions and those of my child while participating in this Activity.

I hereby release and hold harmless the Lakota Local School District Board of Education, its employees, volunteers, and agents from any liability, actions, claims, or damages, 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.

Student’s Name

Parent’s Signature

Date

I certify that I am the parent/legal guardian of the above-named student, and that I have read and understood this Release of Liability/Informed Consent/Assumption of Risk Waiver agreement. 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 while participating in this Activity.

Parent’s Name

Parent’s Signature

Date

Is this student covered by a medical insurance policy? Yes: __________ No: __________

If yes, Insurance Company: __________________ Policy Number: __________

5/14

AN EQUAL OPPORTUNITY EMPLOYER