

**SUMMER BASKETBALL CAMP WAIVER
OF LIABILITY**

I hereby desire that my child, who is entering grade 6 or under, participate in the Basketball Summer Clinic sponsored by the Boys & Girls Club of Holland. By condition of this release, I acknowledge and agree that all the requirements, directions, supervision and standards set by the directors of this program should be established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his/her participation in this program, hereby intending to release The Boys & Girls Club of Holland and all personnel associated with this basketball camp from liability that may result from his/her participation. As a condition of participation in the Boys & Girls Club Basketball Camp, each participant must have a physical check-up by a certified physician within the last calendar year.

Signature of Parent/Guardian

Date of Last Physical

Please list any physical/medical conditions that we should be aware of:

PLACE
STAMP
HERE

BOYS & GIRLS CLUB OF HOLLAND
79 Vermont Street
P.O. Box 25
Holland, NY 14080

BOYS & GIRLS CLUB
SUMMER
BASKETBALL CLINIC



BOYS & GIRLS
ENTERING GRADES 3-7
August 7-9
9:00 a.m. – 12:00 p.m.



79 Vermont Street, P.O. Box 25
Holland, NY 14080
537-9370
www.bgcholland.org

SUMMER BASKETBALL CLINIC

- **WHO:** Boys and Girls entering grades 3-6
- **WHEN:** 9:00 a.m. – 12:00 p.m.
- **WHERE:** Boys & Girls Club of Holland – 79 Vermont Street
- **COST:** \$35 per Camper

Registration deadline: July 21

We need a MINIMUM of 20 campers by the registration deadline to hold this clinic

GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB
OF HOLLAND**

WHAT TO EXPECT

- 9:00 Arrival
- 9:10 Attendance – Warm-up
- 9:30 Stations and Instructions
- 10:30 Games
- 11:30 Contests
- 12:00 Dismissal

CLINIC HIGHLIGHTS

- EMPHASIS ON FUNDAMENTALS – INDIVIDUAL AND TEAM
- PLAYERS GROUPED BY AGE & ABILITY
- DAILY CONTESTS TO WIN PRIZES
- FREE CAMP T-SHIRT!

DIRECTOR

TIM BUCKENMEYER – HOLLAND
BOYS VARSITY BASKETBALL COACH
& PHYS. ED. TEACHER

STAFF

CLUB STAFF & HOLLAND JV &
VARSITY BASKETBALL PLAYERS

REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ D.O.B. _____

AGE: _____ ENTERING GRADE: _____

EMAIL: _____

T-SHIRT SIZE (CIRCLE)

YS YM YL AS AM AL AXL

\$35.00 PER CAMPER

PAYMENT MUST ACCOMPANY APPLICATION

REGISTRATION DEADLINE JULY 21

MEDICAL AUTHORIZATION

PHYSICIAN'S NAME: _____

PHONE NO. _____

In an emergency, I hereby give permission for my child to be examined by the camps staff. I also give permission to the licensed physician, selected by the camp operator, to hospitalize, secure proper treatment, anesthesia or surgery for my child in an emergency. I also give the camp permission to advise the hospital of our health insurance at the time of any treatment. Our health insurance is covered by:

Contract or Group No.