



2017 North Olmsted Eagles Boys Basketball Camp

This 4-day camp will feature instruction on the fundamentals of shooting, ball handling, passing, rebounding, and defense. Campers will also participate in competitions and team play (3-on-3 and 5-on-5). All campers will receive a North Olmsted Basketball t-shirt.

Ages:

The camp is open to all students who will be entering grades 3 – 9. Campers will be divided by age groups (3rd-4th, 5th-6th, 7th-8th-9th).

Camp Dates and Time:

June 26 – June 29 (Monday – Thursday)

9:00 AM – 12:00 PM

Cost:

Camp cost includes a camp T-shirt and four days of quality instruction.

Early camp registration \$70.00

Late camp registration after June 19th - \$80.00 (Students may register the morning of June 26th)

Payment and Registration:

Please make checks payable to **North Olmsted High School**

Registration may be made by sending form to:

North Olmsted Youth Basketball Camp

North Olmsted High School (C/O Athletic Dept.)

5755 Burns Rd. North Olmsted, Ohio 44070

Camp Location:

The camp will be held at North Olmsted High School Gymnasium.

Equipment:

No equipment is needed. Campers should have shorts, t-shirts and basketball shoes. Water is provided, but campers may bring personal water bottles.

Instruction:

The North Olmsted basketball coaching staff and players will be conducting all camp activities.

Contact:

Questions can be directed to Varsity Head Coach Jason Frolo at jfro@adelphia.net

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Return this entire sheet to Athletic Dept. at North Olmsted High School

Please write down participants names, grade level (fall 2016), and shirt size.

If ordering for more than one participant please indicate which size for each.

T-shirt sizes: YS YM YL S M L XL XXL XXXL

**Registration Form
Due: June 19**

Participant Name(s): _____ **Grade** _____ **Size** _____

Street Address: _____ **City** _____ **Zip** _____

E-Mail Address: _____

Pre-registered campers will get the shirt size they ordered and every attempt will be made to make sure we have enough t-shirts and sizes available for late camper registration.

Are you allergic to any drugs? **Yes/ No** Do you have any allergies? (i.e.. Bee sting, dust, etc.) **Yes/ No**

Do you suffer from asthma, diabetes or epilepsy? _____

Participant information that the coaching staff needs to know:

Parent Release Form:

I certify that I consent to allow my child to participate in the North Olmsted Youth Basketball Camp in accordance with the rules and regulations imposed by the North Olmsted Athletic Code. I warrant, represent and certify that my child has no physical limitations that would prohibit him or her from participating in said activity. I further acknowledge and agree that I have been informed that the reasonably known risks of sports programs of this type include the following: sprains, muscle strains, muscle pulls, and fractures. I acknowledge and agree that my questions regarding these risks have been satisfactorily answered.

In consideration of allowing my child to participate in the North Olmsted Youth Basketball Camp I do hereby release and forever discharge North Olmsted City Schools and its employees and volunteers from and against any and all actions, causes of action, claims, demands, liabilities damages of any kind or nature whatsoever on account of any and all known and unknown injuries, losses or damages which my child may have or incur at the North Olmsted Youth Basketball Camp or while on route to and/or from such events or which may result from my child's participation in such events as a result of, or in connection with my child's participation at the camp.

Parent or legal guardian signature: _____ **Date** _____

Emergency Contact Phone: 1# _____ **2#** _____

PART 1 - TO GRANT CONSENT (Please sign Part 1 or Part 2)

1 (Preferred Physician) _____ Phone: _____

2 Transfer of my Student to _____ (preferred hospital) or any hospital that is reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed. Are there any other facts concerning the students medical history or physical impairments to which a physician should be alerted?

PARENT'S SIGNATURE: _____ Date: _____

PART II - REFUSAL TO CONSENT (Please sign Part 1 or Part 2)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I want the school authorities to TAKE NO ACTION and to follow this procedure:

PARENT'S SIGNATURE: _____ Date: _____