Girls' Basketball Camp

LADY TIGERS BASKETBALL

June 13-15, 2022
2pm to 4pm

Girls entering 3rd-8th grade

Twinsburg High School Gymnasium
10084 Ravenna Rd, Twinsburg, OH 44087

Name_____**Grade**_____

Phone Number_____

All campers must complete and return the EMA and Agreement of Risk form in order to participate

Circle one t-shirt size: Youth S M L

Adult S M L XL

Cost of camp: $45 per district resident
Cash or check made payable to Twinsburg Athletic Boosters c/o Girls' Basketball

Return registration form and payment via any of the following methods:

1. Main office at your school
2. Drop off at High School Welcome Center (M-F 7:30am-3pm)
3. Mail to Twinsburg High School - 10084 Ravenna Road, Twinsburg OH 44087
   Attn: Athletic Department

****REGISTRATION DEADLINE IS FRIDAY, MAY 27, 2022****

Contact Info: Coach Esterak - cesterak@twinsburgcsd.org

EMERGENCY MEDICAL AUTHORIZATION

Student's Name _____ Home Phone _____
Address _____
Parents/Guardians _____
Purpose: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill injured while under school authority when the parents/guardians cannot be reached.

****This form MUST BE COMPLETED in full to participate in The Lady Tigers Basketball Camp****

TO GRANT CONSENT
In the event reasonable attempts to contact _____(parent/guardian) at:
HOME _____ CELL _____WORK_____
or reasonable attempts to contact _____ (other parent/guardian) at:
HOME _____ CELL _____WORK_____
have been unsuccessful, I hereby give my consent for:
1. The administration of any treatment deemed necessary by Dr. _____
(preferred doctor) or another licensed physician or dentist, if preferred practitioner is not available.
2. The transfer of the student to _____ (preferred hospital) or
any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist concur on the necessity for such surgery before the performance of such surgery. Facts concerning the child's medical history include allergies, medications being taken, and any physical impairment to which a physician should be alerted.
Parent/Guardian Signature _____ Date_____
Address _____

Twinsburg City School District
Athletic Department
10084 Ravenna Road
Twinsburg, Ohio 44087

AGREEMENT OF RISK

My child and I are aware that participating in the Lady Tigers Basketball Camp is a potentially hazardous activity. I assume all risks associated with participation in this sport including, but not limited to, falls, contact with other participants, and other reasonable risk conditions associated with the sport. I waive all rights to financial assistance for medical and/or hospitalization expenses incurred by my child while involved in any phase of athletic participation. I assume responsibility for payment of any and all expenses for treatment of such occurrences.
Student Signature _____ Date _____
Parent/Guardian Signature _____ Date _____