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**WHEN: May 28th – May 30th (Tues-Thurs)**

**WHERE: William Matthew Middle School Gym**

*Camp Staff will be Coaching Staff/Current Players*

**TIMES:**

3:30 – 5:30 PM (girls entering) GRADES **3rd-5th** **$30.00**

6-8:00 PM (girls entering) GRADES **6th-8th** $**30.00**

CAMPER INFORMATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE FOR 2019-20: \_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHIRT SIZE (circle): Youth: 10-12 14-16 Adult: XS S M L XL XL (When in doubt on sizes, order a size too big as we do not order extra shirts!)

***\*\*Identification and Medical Treatment Authorization\*\****

The undersigned parents and/or guardians of (campers name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the applicant, for and in further consideration of the basketball camp acceptation said applicant, does hereby release and discharge Kirksville R-III Schools and it’s representatives, employees, and agents from any and all debts, claims, demands, actions, damages, caused of action, judgments, or suits of any kind which may arise or be occasioned as a result of any course of instruction or the applicants participation in the basketball camp. In addition, I/we being the parents and/or guardians of the applicant authorize the Kirksville R-III and its agent’s permission to request emergency medical treatment or care as necessary to insure the well-being of our dependent. Further, I claim the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Health Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Health Insurance Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*Camper Code of Conduct Contract\*\****

As a participant in the Kirksville Tiger Basketball Camp, I agree to comply with all of the rules, regulations, and directives of the coaching staff, and I will treat all of the coaching staff and other camp participants with respect, courtesy, and good will. I have read the above statement and understand that failure to comply with that statement may result in my removal from the camp without refund.

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For additional information contact Nick Totta by email at [ntotta@kirksville.k12.mo.us](mailto:ntotta@kirksville.k12.mo.us)

**Cash or Check: Make Check to: Lady Tiger Basketball**

**Drop Off @ KHS Office OR Mail To: Sara Williams @ 1300 S Cottage Grove Ave, Kirksville, MO 63501**

**-** Turn in all Forms by May 17th for Guaranteed Shirt

- Forms can be turned in after May 17th (No guarantee on T-shirt) and Walk Ups are welcomed

**-** Camp is open to all Kirksville and surrounding area residents