***Tiger YOUTH football CAMP***

Where: The Jungle @ Spainhower Field

Dates: July 12TH – July 15th Time: 6pm-7:30pm Cost: $25

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Entering: \_\_\_\_\_\_\_ Age: \_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size (Circle): Youth Small, Mediums, Adult S M L XL XXL

\*\*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, causes 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.

Participants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For additional information contact Kevin Krietemeyer by email at kkrietemeyer@kirksville.12.mo.us or kkietemeyer@culver.edu. you can also register online @ https://forms.gle/NMj9gYXZhswX3Jct9

Cash or Check: Make Check to - Tiger Football, Drop off @ KHS Office

Walk Ups Welcome - Camp is open to all Kirksville and surrounding area students going into 1st through 6th grades