

2009

7th Annual

Boys & Girls

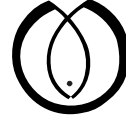
Eagle Basketball Camp

Grades 3rd – 5th

Grades 6th – 8th

(2009-2010 school year)

June 8th – 12th



LIABILITY RELEASE AND MEDICAL AUTHORIZATION

For Eagle Basketball Camp

As parent or guardian of the child named below, I give my permission for my child to attend the *Eagle Basketball Camp*. I give permission for the adult staff to provide transportation for my child in an emergency. In the event of an emergency I authorize the administration of basic first aid. I also authorize appropriate treatment by emergency medical personnel.

By signing this release, I agree that if my child is injured in any way while participating in activities at *Eagle Basketball Camp*, I voluntarily release the school or camp staff from any and all liability for the injuries.

I understand and agree that this release applies to not only me but also my estate, heirs and assigns. In the event some other person seeks compensation for these released liabilities, my estate or I will hold harmless the school or camp staff.

I understand that the camp is under the direction of competent adult coaches and that the staff may include both adults and high school athletes. I am aware that participants may be injured while participating in the supervised drills and events.

I understand that photographs or video footage may or may not be taken of my child while at *Eagle Basketball Camp*. I give my permission to use photographs or videos for promotional purposes including brochures or a promotional video.

I have read this release; I understand it; and I fully agree to all of its terms.

Signature of Parent or Guardian: _____

Date: _____

Name of Parent or Guardian (print): _____

Child's Name (Print) _____

1300 19th Ave SW
Willmar MN 56201

Phone: 320-235-0592
Fax: 320-235-0620
www.willmarccs.org

Community Christian School
1300 19th Avenue SW
Willmar, MN 56201
Phone: 320-235-0592

**2009
7th Annual
Eagle Basketball Camp**

Grades 3rd – 8th (2009-2010 school year)
June 8th – 12th

8:30 – 10:00 Grades 3rd-5th boys and girls
10:15 – 11:45 Grades 6th-8th boys and girls

Community Christian School Gym

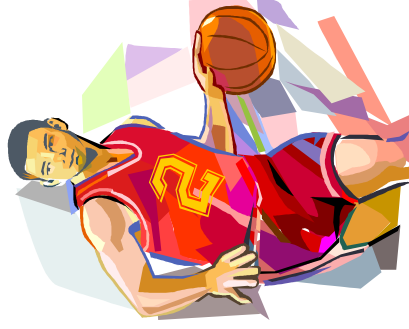
Registration Deadlines

Registration fee of \$30 due by **June 2nd**
Price includes four days of basketball instruction, character development and a camp T-shirt.

The CCS Eagle Basketball Camp is a Christian sports camp exclusively for CCS and home-school students. Students are encouraged to come to the camp regardless of skill level or experience. Our goal is to provide quality instruction on the “fun”amentals of basketball through drills and practice of proper techniques. This camp will improve your basketball skills and make you a better player and CCS a better team. Each session will include a devotional as well as sound instruction and practice on the fundamentals of basketball. There will be games and competitions all designed to improve your play.

**Camp Directors
Mike Elmhorst
And
George Toops**

Mr. Elmhorst has coached both boys and girls basketball during his ten years on staff. Mr. Toops has a wealth of coaching experience at NLS. Both of these coaches have a heart for the Lord and desire to see each young athlete fulfill their potential and grow in their relationship with the Lord. They will team up and lead this camp together.



Please note the registration deadline and remember to indicate the size of t-shirt needed.

Make checks payable to Community Christian School.

Please complete a separate registration form for each child participating. The completed registration form must accompany your payment.

If you have any questions please contact the school at 235-0592.

**Basketball Camp
Registration Form**

Registration Due by June 2nd - \$30
Mail registration form along with your payment to:

**Community Christian School
Attn: athletic director
1300 19th Ave. S.W.
Willmar, MN 56201**

Parents Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Cell Phone: _____
Emergency Contact: _____
Phone: _____
Participant Name: _____
Gender: Boy _____ Girl _____
Birthdate: _____
Grade in '09 – '10
 ____ 3rd ____ 4th ____ 5th
 ____ 6th ____ 7th ____ 8th

Please inform us of any medical concerns or physical limitations that we should know about your child.

T-Shirt Information: Each participant will receive a camp T-shirt. Please indicate the size needed below.

Youth M ____ L ____
Adult S ____ M ____ L ____ XL ____