

**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.

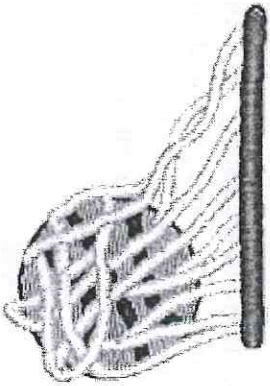
I understand that the camp is under the direction of competent adult coaches and that the staff may include both adults and high school athletes. I am aware that participants may be injured while participating in the supervised drills and events.

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.

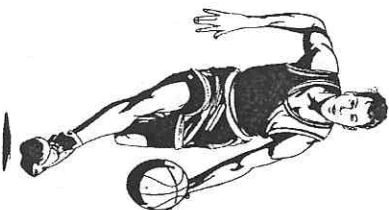
I have read this release; I understand it; and I fully agree to all of its terms.

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

Date: \_\_\_\_\_  
Name of Parent or Guardian  
(print): \_\_\_\_\_  
Child's Name  
(Print) \_\_\_\_\_



**2010**  
8<sup>th</sup> Annual  
Boys & Girls  
**Eagle Basketball Camp**  
Grades 3<sup>rd</sup> – 8<sup>th</sup>  
(2010-2011 school year)  
*June 8<sup>th</sup> – 11<sup>th</sup>*



1300 19th Ave SW  
Willmar MN 56201  
Phone: 320-235-0592  
Fax: 320-235-0620  
[www.willmarccs.org](http://www.willmarccs.org)

**From: Nathan Scheele, AD**

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

**2010  
8th Annual  
Eagle Basketball Camp**

Grades 3<sup>rd</sup> – 8<sup>th</sup> (2010-2011 school year)  
**June 8<sup>th</sup> – 11<sup>th</sup>**

**3:00-5:00pm Grades 3<sup>rd</sup>-8<sup>th</sup> boys and girls**

**Community Christian School Gym**

**Registration Deadlines**

Registration fee of \$30 due by **May 21<sup>st</sup>**  
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” fundamentals 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  
Lynnelle Dirksen**

Both Mr. Elmhorst and Ms. Dirksen are our respective basketball coaches here at CCS. 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 May 21<sup>st</sup> - \$30**

Turn the registration with the fee into the office.

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Gender: Boy \_\_\_\_\_ Girl \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade in '10 - '11

\_\_\_\_ 3<sup>rd</sup> \_\_\_\_ 4<sup>th</sup> \_\_\_\_ 5<sup>th</sup>

\_\_\_\_ 6<sup>th</sup> \_\_\_\_ 7<sup>th</sup> \_\_\_\_ 8<sup>th</sup>

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 \_\_\_