

Collins-Maxwell Booster Basketball Camp '19



Grow the Game

The 2019 basketball camp for **boys'** and **girls'** grades 3-12. Camp will feature Former *Grand View* head coach, Gary Smith and *Grand View* players as well as C-M varsity coaches.

Monday - Wednesday, July 8-10

Grades 3, 4, 5: 7:00-9:00 AM

Grades 6, 7, 8: 9:00-11:00 AM

Grades 9-12: 11:30 AM- 1:30 PM

Cost for grades 3-8: \$25

Cost for grades 9-12: \$30

DUE DATE: July 1st, 2019

Camp T-shirt and quality coaching on the fundamental skills of basketball with your admission.

Please fill out the form, waiver, and payment and return to the school office before May 31st.. You can also fill the form out online <https://www.collinsmaxwellathleticboosters.com/grand-view-basketball-camp> or mail it to:

Main Street Floral

c/o Collins-Maxwell Athletic Boosters

PO Box 108

Maxwell, IA 50161

Please make checks payable to (Collins-Maxwell Athletic Boosters)

Please read and sign the attached waiver and sign both forms.

Camper Name: _____ **Grade this fall:** _____

Parent Signature: _____ **Contact #:** _____ **Email:** _____

Emergency Contact: _____ **Doctor Contact:** _____ **Insurance:** _____

Preferable Hospital: _____

Circle T-Shirt size: Y-M Y-L Y-XL A-S A-M A-L A-XL A-XXL

For any questions, please email Collinsmaxwellathleticboosters@gmail.com or contact Coach Stover or Coach Flaws.

THE COLLINS-MAXWELL BOOSTER BASKETBALL CAMP ASSUMPTION OF RISK, WAIVER OF LIABILITY and PARENT/GUARDIAN PERMISSION FORM

PARENT/GUARDIAN AGREEMENT

I agree to allow my child/ward to participate in the Collins-Maxwell Booster Basketball Camp and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the Collins-Maxwell Booster Basketball Camp which may cause serious injury or even death. I also understand that, despite safety precautions, neither the Collins-Maxwell Booster Basketball Camp nor Collins-Maxwell School District can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Collins-Maxwell Booster Basketball Camp.

Parent/Guardian Name _____

Signature _____ **Date** _____