

2018 OHIO BOBCATS TEAM CAMP

JUNE 22-24, 2018

**VARSITY AND JV BOYS 9-12TH GRADE
PLAY 15 GAMES IN 3 DAYS**

RESIDENT: \$225 PER PLAYER

(MINIMUM OF 8 PLAYERS PER ROSTER)

INCLUDES:

- 2 NIGHTS IN DORMS
- 1 MEAL ON FRIDAY
- 3 MEALS ON SATURDAY
- 1 MEAL ON SUNDAY

COMMUTER: \$150 PER PLAYER

(MINIMUM OF 8 PLAYERS PER ROSTER)

INCLUDES:

- DINNER ON SATURDAY

***CAMPS ARE HELD IN ATHENS, OH AT THE PING
RECREATION CENTER AND OTHER CAMPUS SITES***

REGISTER BY EMAILING:

TOMMY.FREEMAN@OHIO.EDU

JOSEPH.GRICAR@OHIO.EDU

**REGISTER NOW!
LIMITED AVAILABILITY**

QUESTIONS?

CALL (765) 744-0095



CAMPS.JUMPFORWARD.COM/OHIOMBBCAMPS

**OHIO UNIVERSITY MENS BASKETBALL TEAM
CAMP REGISTRATION PLAYER REGISTRATION
FORM**

PLEASE CHECK ONE:

- RESIDENT CAMPER \$225.00 INCLUDES:
 - 2 NIGHTS IN DORMS
 - 3 MEALS ON SATURDAY
 - 1 MEAL ON SUNDAY
- COMMUTER \$150.00 INCLUDES:
 - DINNER ON SATURDAY

Player's Name _____ School _____

Player's Address _____

City _____ State _____ Zip _____

Email Address _____

Coach's Name _____

Player's Home Phone _____

Grade in school next year _____

Please complete the registration and medical form and TURN IT IN TO YOUR HEAD COACH, along with full payment.

Please make checks payable to Ohio Men's Basketball Camps.

Please be sure to complete your medical form. Every camper must have a completed medical form before participating.

OHIO UNIVERSITY SPORTS CAMP MEDICAL FORM FOR ATHLETIC PARTICIPATION

Camp Attending: TEAM CAMP

Dates: JUNE 22-24, 2018

Note: This form must be presented at the time of camp registration or camper will not be permitted to participate. We are NOT requiring that each camper be examined by a physician.

SCHOOL NAME _____
CAMPER'S NAME _____ AGE _____ GRADE _____
DATE OF BIRTH _____ ADDRESS _____
HOME PHONE (____) _____ CITY _____ STATE _____
ZIP _____ PARENT'S NAME _____
BUSINESS PHONE (____) _____
NAME OF INSURANCE CO. _____
POLICY HOLDER'S NAME _____
SOCIAL SECURITY# _____ ID# _____
PLAN CODE # _____ PARENT'S
EMPLOYER _____

PLEASE NOTE: Each camper must be covered by his or her own medical insurance.

1) List any major injuries in the past year pertinent to participation in competitive sports. (Use the back of this sheet if more space is needed) _____

2) Date of last tetanus shot _____

3) List known allergies _____

4) Check any known of the following conditions: DIABETES HEMOPHILIA
 EPILEPSY HEART CONDITION ASTHMA

5) Please list any chronic disease _____

6) If any camper is under a physician's care, please list the name, address and phone number of the physician and what the camper is being treated for. Also list any medication the camper will be taking during his/her stay at camp. (list also the strength and dosage of the medication.) Use the back of this sheet for additional space _____

Assumption of Risk and Waiver

I acknowledge that there are certain dangers and risks to participating in Ohio Sports Camps, including serious injury and death. I hereby assume all of the risks of participating in Ohio Sports Camps. I certify that I am physically fit, have sufficiently trained for participation in the sport of _____ and that there are no limits to my participation in the sport of _____ except as stated in writing and included with this form. I agree that I will waive, release and discharge Ohio University, its trustees, directors, employees, students, volunteers, representatives and agents from any and all liability for my death, injury or harm of any kind which may occur to me in relation to my participation in the Ohio Sports Camps. I further agree that to indemnify and hold harmless Ohio University, its trustees, directors, employees, students, volunteers, representatives and agents from liability for the injury or death of any persons(s) and damage to property that may result from my negligent or intentional act or omission while participating in the Ohio Sports Camps. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

Participant's Signature Printed Name Date

Parent's Signature (if Participant under 18) Printed Name Date