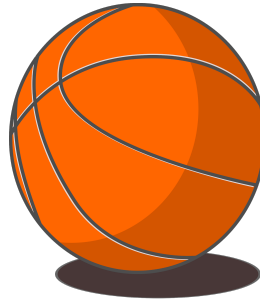




Lady Greenmen 2018 Basketball Camp



Who: Girls Entering Grades 3rd -8th

When: June 19th – June 21st

Time: 6:00pm-8:00pm

Cost: \$50; Includes: T-Shirt

Where: Aurora High School Varsity Gymnasium

- * The Aurora High School Girls' basketball staff will be putting on the camp along with Varsity basketball players from the program.
- * Campers will learn fundamental skills such as shooting, ball handling, passing and defense.
- * Campers will also enjoy their camp experience with games and competitions.

AURORA BASKETBALL CAMP 2018

Camper Name _____ Age _____ Grade Entering in the Fall _____
 Address _____ City _____ Zip _____
 Parents Names _____ Home Phone Number _____
 Parent Cell Numbers _____ email: _____
 Emergency Contact _____ Emergency Phone # _____

T-Shirt Size(circle one): Youth M, Youth L, Adult S, Adult M, Adult L, Adult XL

In consideration for the acceptance of the Aurora Basketball Camp Registration, I hereby waive and release myself, my heirs, and my administration and all right claims and damage against Aurora High School, Aurora Booster Club, and all camp representatives. I further waive myself from any injuries suffered by me at this camp, during and traveling to and from.

Parent/Guardian Signature _____
 Date _____

Make Checks Payable to: Aurora City School District
Mail Check and Registration to:
 Attn: Erika Greenberg; Girls Basketball Coach
 Aurora High School, Athletic Department, 109 W. Pioneer Trail Aurora, OH 44202
Registration Deadline June15th

****Please fill out Emergency Information Form located on the back.***

GRADE

Aurora School District

EMERGENCY MEDICAL AUTHORIZATION

Student Email Address:

Parent(s) or Guardian Email Address:

Parent(s) or Guardian Email Address:

Student Name

Address

Home Phone

Custodial Parent(s) Mother Father Both

Name

Mother Stepmother Other

Place of Employment

Work Phone

Cell Phone _____

Name

Father Stepfather Other

Place of Employment

Work Phone

Cell Phone

Other relative or neighbor to be called and student released to if the above person cannot be contacted:

Name	Phone	Relationship	or Name
	Phone	Relationship	If applicable, restrictions

regarding student's release during the day

Is there a court order which limits/prohibits non-custodial parent contact? YES NO If yes is circled, parent must contact the office, and provide legal documentation.

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor	Phone
Dentist	Phone
Medical Specialist	Phone

I hereby authorize Aurora City Schools' personnel to administer basic first aid to my child in the event of minor injury at school or during school sponsored activities or field trips. Parents will be contacted if more extensive treatment is required.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____

PART II - REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date : _____ Signature of Parent/Guardian: _____