

2015 Boys Basketball Camp  
June 15, 16, and 17  
Onekama Consolidated Schools  
Open to All Boys Grades K-8



The 2015 Onekama Boy's Basketball Camp is designed to provide opportunities for boys in grades Kindergarten through 8<sup>th</sup> grade to develop fundamental skills in a structured and positive learning environment. The camp seeks to motivate each child to improve their individual skills and then continue to work on these skills long after camp has ended. Your child will be working with Onekama High School coaching staff and members of the Onekama High School Boys' basketball teams.

Grades entering 2015/2016 school year (grades grouped as followed)

K- 4<sup>th</sup> 8:15-10:15am  
5<sup>th</sup>-8<sup>th</sup> 10:30-12:30pm

Where: Onekama Consolidated Schools Gymnasiums

Cost: \$25.00 per Camper and every camper will receive a basketball and a T-shirt.

For more information please contact:

Nathan Bradford – 231-392-2953 or [nbradford@manistee.org](mailto:nbradford@manistee.org)– Varsity Boys Basketball Coach

\*\*We would like every child to be able to attend, so if financial assistance is needed, please contact me ASAP.

Please complete a registration form for each camper and return by June 5, 2015.

Check one:

8:15am-10:15am (K -4th)

10:30am-12:30pm (5th<sup>rd</sup>-8th)

T-shirt Size:  Youth sm  Youth Md  Youth lg  S  M  L  XL

Athlete's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Parents/Guardians Name \_\_\_\_\_

Contact #'s/work # \_\_\_\_\_

Grade Level for 2015-2016 school year: \_\_\_\_\_

Please list any special needs or medical issues:

\_\_\_\_\_

I/We the parents/guardians of the above named player hereby give my/our approval to participate in the Onekama Basketball Camp activities. I/We know that participation in basketball may result in serious injuries. We do hereby waive, release, absolve, indemnify and agree to hold harmless the Onekama Boys basketball, the organizers, sponsors, supervisors, participants, coaches from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please send registration forms and payment to Onekama Boys Basketball, Nathan Bradford, 5016 Main Street Onekama, MI, 49675

-Make Checks Payable to Onekama Boys Basketball

For Staff \_\_\_\_\_ Date Paid \_\_\_\_\_ Cash \_\_\_\_\_ CK# \_\_\_\_\_ Staff Initials

# AGREEMENT TO PARTICIPATE

## ONEKAMA CONSOLIDATED SCHOOLS ENRICHMENT PROGRAM

### Risks of Injury

I am aware that participating in the afterschool enhancement program will involve mild to strenuous physical activities. Physical activities expose participants to frequent risks of injury. These injuries could include the following injuries to me or others as a result of my participation:

1. Bruises and cuts
2. Muscle tears, sprains and strains
3. Broken bones
4. Closed head injuries
5. and other serious impairments and injury to my body, general health and well-being.

I acknowledge that the risk of injury will vary by the type of activities I do and my general physical condition. I understand that exceeding my physical limitations will increase the risk of injury. I hereby declare myself to be physically sound and suffering no condition, impairment, disease, infirmity, or other illness that would prevent me from fully participating in the activities. I acknowledge that I have been informed that it is my responsibility to bring to the attention of school officials ANY condition that may restrict or prohibit me from fully participating.

The Enrichment Program will begin on (6/15/15) and end on (6/17/15). It will take place at Onekama Schools.

### Payment of Injury Expenses

It is either my responsibility or my parent's responsibility to provide medical insurance or other financial means for paying for facility related injuries. I understand that any premises accident coverage provided by the school district would only be excess over any collectable insurance, health care coverage, self-funded employee benefit plan and medical welfare plan.

### Agreement

1. I willingly agree to accept all responsibilities in case of accident or injury resulting from my participation in the enrichment activities.
2. I also agree that Onekama Consolidated Schools and anyone associated with it will not be held responsible for:  
  
...any loss, injury, or death except that caused by an OCS staff or their authorized agent resulting from the staff's or authorized agent's gross negligence or intentional act.  
  
...any loss, injury or death resulting from another user's action or failure to act related to the use of the facility.
3. I also know that it is my responsibility to know and obey the safety rules and direction of staff to ensure my own safety. Failure on my part to abide by the rules of the facility can jeopardize my eligibility to continue participating in the program.
4. My signature at the bottom of this form means that I have read, understand and agree to these terms of my participating in Onekama Consolidated Schools' Enrichment Program.

Name:	Signature:	Date:
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If under 18 years of age, parent/guardian signature is required below attesting to have read, understood and agreed to the above terms:

Name:	Signature:	Date:
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