



Newberry Bulldogs Youth Basketball Camp

(In partnership with the Newberry County Recreation Department and Newberry High School Basketball Program)

The camp will focus on providing quality instruction and focus on basic fundamentals of playing basketball.

Registration forms can be picked up and returned at the main office of Newberry High School.

- **WHEN:** June 10-12th, 2024
- **INSTRUCTION:** 9:00 AM – 11:00 AM
 - **AGES:** 5 – 14 years old
 - **COST:** \$40
- **WHERE:** Newberry High School
Willie L. Scott Gymnasium

Please fill out the information below and return it to Newberry High School. **Registration and payment must be submitted by June 1st, 2024 in order to guarantee a t-shirt.** Parents may also choose to register their child on the morning of the first day of camp, with the possibility of limited t-shirt sizes. Registration will begin at 8:30 AM. If you have any questions, please email Coach Chad Cary at ccary@sdnc.org

Participant's Name: _____ Date of Birth: ____/____/____ Age: ____ Grade: ____

Name: Father's: _____ Mother's: _____ Legal Guardian's: _____

Mailing Address: _____ City: _____ Zip: _____

E-MAIL: _____

Home Phone: _____ Work: _____ F/Cell: _____ M/Cell: _____

Insurance Co: _____ Policy/Card # _____ Phone: _____

Allergies: _____

Participant Shirt Size (Please Circle): **YS YM YL AS AM AL AXL AXXL**

PLEASE READ WAIVER AND RELEASE BEFORE SIGNING:

In signing up and participating in this camp, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in these programs against the County of Newberry, the Newberry County School District, and its officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff/volunteer coaches to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel.

I understand I am responsible for my own medical coverage and all costs incurred in any such medical emergency.

I understand photographs of my child's participation in this program may be used by the County of Newberry to promote the County's events without compensation and without additional approval.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER.

Parent's or Legal Guardian's Signature: _____ Date: _____