



GUERIN CATHOLIC GIRLS BASKETBALL CAMP

Join head coach Scott Miller, his staff and players for the Guerin Catholic High School Girls Basketball Camp!!!

This camp focuses on developing individual fundamentals for both offense and defense and reinforcing of the importance of teamwork.

Camp will be held June 18 – June 22
Grades 1, 2, 3 ('12-'13) 8:00am – 9:00am
Grades 4, 5, 6 ('12-'13)) 9:15 am – 10:45am
Grades 7, 8, 9 ('12-'13) 11:00am – 12:45pm
Cost: \$75 / \$60 for each additional family member

Please mail bottom portion with your \$75 payment by June 1, 2012 to:

Attn: Girls Basketball Camp, Guerin Catholic High School, P.O. Box 557, Fishers, IN 46038
or deliver directly to the Guerin Catholic Accounting Office
Checks are made payable to Guerin Catholic High School (or GCHS).
Please fill out a separate form for each child.

Student Name _____

Age _____ School year (entering 12-13) _____ Shirt size: __YS __YM __YL __AS __AM __AL

Grade School _____

Parents' Names _____

Address _____

Phone number _____ email address _____

(PLEASE SEE REVERSE SIGN FOR REQUIRED WAIVER THAT MUST BE COMPLETED)

St. Theodore Guerin High School Athletic Agreement and Medical Release Waiver

Please carefully read the following agreement, fill in all the blanks, sign below, attach to your registration form, and send with payment to the Accounting Office, BEFORE the registration due date of June 6, 2011.

In consideration of my participation in St. Theodore Guerin (GCHS) Athletic Programs, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of GCHS's participation as defined in the student-Athletic Handbook
2. Readiness to Participate: I will only participate in those GCHS Athletic activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have prepared myself physically and mentally to perform only those activities which I have accomplished to the degree of confidence necessary to assure that I can perform them by myself, and without injury and improve the quality of my and my teammates' experience with GCHS athletics, I agree that I will follow all reasonable directions and commands of my coaching staff.
3. Medical attention: I hereby give my consent to GCHS to arrange transportation to a medical facility or onsite emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware of and appreciate the risk of injury, including the risk of catastrophic injury, paralysis, even death, as well as other damages and losses associated with participation in athletic activities.

I further agree that GCHS, along with the employees, agents, officers, volunteers and directors of this organization shall not be liable for any losses or damages occurring as a result of my participation in the athletic program, except where such loss or damage is the result of the intentional harm or reckless conduct of one of the organization or the individuals identified above.

Primary Medical Insurance Carrier Information: I am covered by primary health/medical/accident Insurance through: _____

I currently am aware that I have the following medical conditions, but these do not prevent me from participating in GCHS Athletics: _____

Student Signature: _____ Date: _____

As a legal parent or guardian of this athlete, I hereby verify by my signature below, that I fully understand and accept each of the above conditions for permitting my child to participate in the GCHS Athletics that I have registered him/her for this season.

Signature of Parent/Guardian **PARENTS MUST SIGN** Date:

Emergency Contact Name/Relationship and Phone Number