

LADY IRISH BASKETBALL CAMP

June 1-5, 2009

Where: Bishop McGuinness High School

Who: Girls entering grades 4 - 9

When: 8:30 – Noon

Cost: \$70.00

Skills Covered at Camp:

- Basic Fundamentals
- Shooting Mechanics
- Defense
- Ball Handling

Camp Awards:

Upper(7-9) and Lower(4-6) Division Separate

- Camper of the Week
- Hustle Award
- Hot Shot Champion
- Free Throw Champion
- 3 Point Champion (Upper Division only)
- Team Medals (1st, 2nd, and 3rd)



Contact with Questions:

Jennifer Frakes

405.842.6638 ext. 285

jfrakes@bmchs.org

Mail Registration to:

Jennifer Frakes

801 N.W. 50th

OKC, OK 73118

Payment may be mailed with registration or made on first day of camp. Please fill out the entire form (including medical release) and return.

Camper Name _____ **Grade 09-10** _____

Feeder School _____

TShirt Size (circle one) YM YL AS AM AL AXL

**BISHOP McGUINNESS CATHOLIC HIGH SCHOOL
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

I, _____, grant permission for my child, _____,

To participate in the Lady Irish Basketball Camp. This activity will take place under the guidance and direction of school employees and/or volunteers from Bishop McGuinness Catholic High School. A brief description of the activity follows:

Type of event: Sport Camp

Location(s): Bishop McGuinness High School, McCarthy Athletic Facility

Individuals in charge: BMHS Girls Basketball Coaches

Duration of activity June 1-5, 2009

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Bishop McGuinness Catholic High School, its officers, directors and agents, and the Archdiocese of OKC, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Archdiocese of OKC, coaches, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and

I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name/relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy # : _____

Signature: _____ Date: _____

Specific Medical Information: The school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

Special Medical Conditions that the coaching staff should be aware of: _____