

# KIRKSVILLE BOYS BASKETBALL CAMP

## ELEMENTARY

### 2021

**WHEN: May 17th – May 20th (Mon-Thur)**  
**WHERE: PRIMARY GYM**  
**TIMES: 3:15 – 5:00 PM**  
**FOR : Boys ENTERING GRADES 3<sup>rd</sup> -5<sup>th</sup> \$40.00**

Ray Miller students will be walked over by a Coach after school. If possible, bring shoes to walk in and separate basketball shoes. There will be a Coach at Primary waiting for students at Primary school.

*Camp Staff will be Coaching Staff/Former Current Players (Alumni)*

#### CAMPER INFORMATION

NAME: \_\_\_\_\_ GRADE Entering : \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

SHIRT SIZE (circle): Youth: 10-12 14-16 Adult: S M L XL XXL (When in doubt on sizes, order a size too big as we do not order extra shirts!)

#### **\*\*Identification and Medical Treatment Authorization\*\***

The undersigned parents and/or guardians of (campers name) \_\_\_\_\_, the applicant, for and in further consideration of the basketball camp acceptance said applicant, does hereby release and discharge Kirksville R-III Schools and it's representatives, employees, and agents from any and all debts, claims, demands, actions, damages, causes of action, judgments, or suits of any kind which may arise or be occasioned as a result of any course of instruction or the applicants participation in the basketball camp. In addition, I/we being the parents and/or guardians of the applicant authorize the Kirksville R-III and its agent's permission to request emergency medical treatment or care as necessary to insure the well-being of our dependent. Further, I claim the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Family Health Insurance Provider: \_\_\_\_\_

Family Health Insurance Policy #: \_\_\_\_\_

#### **\*\*Camper Code of Conduct Contract\*\***

As a participant in the Kirksville Tiger Basketball Camp, I agree to comply with all of the rules, regulations, and directives of the coaching staff, and I will treat all of the coaching staff and other camp participants with respect, courtesy, and good will. I have read the above statement and understand that failure to comply with that statement may result in my removal from the camp without refund.

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

For additional information contact Tyler Martin by email at [tmartin@kirksville.k12.mo.us](mailto:tmartin@kirksville.k12.mo.us)

**Cash or Check: Make Check to - Tiger Basketball**

**Drop Off @ KHS Office OR Mail To: Tyler Martin- 1512 Knight Drive, Kirksville Mo 63501**

Walk Ups Welcome

Camp is open to all Kirksville and surrounding area