

**MOBERLY AREA COMMUNITY COLLEGE
VIRTUAL SUMMER BASKETBALL CLINICS**

June 4, 6, 17, 19, 24, 26, 28, 30

Zoom

Name of Camper _____
Home Address _____ City _____ State _____
Email Address _____
Age _____ Grade _____ School Attended _____
Mother _____ Cell Phone _____
Father _____ Cell Phone _____
Emergency Phone Number _____

T-shirt size _____ (YS/YL/S/M/L/XL/XXL)

Insurance Information:

Company _____
Policy # _____
Group # _____

PARENTAL RELEASE AND INDIMNITY AGREEMENT

Upon acceptance of this application and in exchange for the benefit my minor child will receive for participation in Greyhound Basketball Camps I agree to release Moberly Area Community College, it's Board of Trustees, officers, employees and basketball coaching staffs from all claims on account of injuries or losses which may be sustained by my minor child while attending camp. I agree to indemnify the MACC Board of Trustees, and employees from any claim which may be presented by my/our minor child in the future resulting from attending camp. I understand that any camper who does not abide by camp rules my be dismissed from camp with no refund.

Parent Signature _____ Date _____

Please return application with \$80 cash or check (all 8 sessions)

(Receive Greyhound Basketball T-shirt)

\$25 per week for 2 sessions that specific week

Patrick Smith

Head Men's Basketball Coach

Moberly Area Community College

101 College Avenue

Moberly, Missouri 65270-1304

Make checks payable to Moberly Area Community College