

**MOBERLY AREA COMMUNITY COLLEGE
BASKETBALL SKILL DEVELOPMENT CAMP
JULY 6-10, 2020**

Participant Name _____
Home Address _____ City _____ State _____ Zip _____
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 Company _____ Policy/Group # _____

Choose One Session:

Session 1 _____ 9:00-10:15 am(grades 7-12) Session 3 _____ 1:00-2:15 (grades 7-12)
Session 2 _____ 11:00-12:15 (grades 2-6) Session 4 _____ 3:00-4:15(grades 2-6)

WAIVER OF LIABILITY

Upon acceptance of this application and in exchange for the benefit I/my minor child will receive for participation In the MOBERLY AREA COMM. COLLEGE(MACC) BASKETBALL SKILL DEVELOPMENT CAMP 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 loss, damages, injuries or illness which may be sustained by me/ my minor child while attending camp. I further agree to indemnify MACC, it's Board of Trustees, Officers, Employees and Basketball Coaching Staff from any, and all, claims for loss, damages, injury or illness which may be presented by me/our minor child in the future resulting from attending camp. I understand that any participant who does not abide by camp rules my be dismissed from camp with no refund. I also hereby authorize and consent to any first aid, medication, medical treatment or surgery deemed necessary in case of emergency.

Parent Signature _____ Date _____

Please return application with \$75 (\$65 each if 2 or more family members):

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.