

# Boys' Basketball Skills Camp Form

## Details:

**Dates:** Twice weekly Tuesday and Thursday mornings at 10am-11am or 12pm-1pm from July 5th - July 28th.

**Ages:** Boys 6th grade - high school (for the 2016-2017 school year)

**Cost:** \$49

**Where:** Ageless in Gillespie

**Misc:** Only 8 spots available per session (10am -11am or 12pm-1pm), filled on a first-come-first-serve basis.

**Focus:** Offensive basketball skills including the crossover, triple threat, and hip swivel

If you ever have any questions, please call Ageless at 217-839-2484 or e-mail [tjallan30@gmail.com](mailto:tjallan30@gmail.com). We are here to help!

Please return the form below to Ageless in Gillespie or mail it to: Ageless, 103 North Jersey Street, Gillespie, IL 62033.

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## Boys' Basketball Skills Camp

### Registration forms are due by July 1st

Name: \_\_\_\_\_

Time (Circle one): 10am-11am or 12-1pm

Grade level: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Liability Waiver

As the parent or legal guardian of \_\_\_\_\_ (print name of child), I hereby give permission for my child to participate in activities at Ageless, LLC. I understand that the program has activities that can involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to my child.

I have explained these risks and benefits of participating in this program to my child and my child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of the other participants.

I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in any activities at Ageless LLC, including but not limited to the LI' Muscles Exercise Program, whether or not resulting from negligence, and I agree not to sue Ageless, LLC, its representatives, staff, or volunteers on any such claim. I also give permission for the staff, representative, or volunteers of Ageless, LLC to administer first aid or to seek medical care for my child during my child's participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

Print name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_