

# IMMACULATE CONCEPTION CATHOLIC SCHOOL



## 2016 KNIGHTS IN TRAINING BASKETBALL CAMP

### **WHO:**

Boys & Girls  
Incoming grades 3-5

### **WHEN:**

JUNE 13-16<sup>th</sup> (Monday-Thursday)

### **TIME:**

9 AM – 12 PM  
(doors open at 8:30 every day)

### **WHERE:**

ICCS Gymnasium with Coach K & Coach Rocha

*\*THIS CAMP WILL BE LIMITED TO THE FIRST 25 STUDENTS TO SIGN-UP IN GRADES 3-5.\**

**Come have fun sharpening your skills during this exciting camp opportunity!**

**Please return your permission form  
and \$50 check to the school office or Coach K.  
Make checks payable to Kristina Briones.**

**Deadline to turn in your form is Friday, May 6, 2016.**

**PLEASE RETURN CONSENT FORM BELOW TO ICCS OFFICE OR COACH K.**

**For questions or more information, e-mail Coach K at [kraebriones@gmail.com](mailto:kraebriones@gmail.com)**

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My Child \_\_\_\_\_ plans to attend the **KNIGHTS IN TRAINING SUMMER BASKETBALL CAMP**. Enclosed is the non-refundable camp fee of \$50.00. **Make checks payable to Kristina Briones.**

## **Waiver & Medical Consent Form**

I, the parent /guardian of \_\_\_\_\_ (participant's name), hereby release Immaculate Conception Catholic School, the Catholic Diocese of Fort Worth and their employees and volunteers, and waive all responsibility on their part for any liability with respect to travel and/or sports participation for my child named above and /or any loss of property that may occur at such a time. This waiver and release extends to all practice sessions, travel to and from the activity, and participation in the activity, and shall release the Catholic Diocese of Fort Worth and their employees and volunteers from any liability except for gross or willful negligence with respect to an injury to the above participant. If, in the judgment of any representative of the school, the above named participant should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as may be given said participant by a physician, trainer, nurse, or school representative, and I do hereby agree to indemnify and release Immaculate Conception Catholic School, the Catholic Diocese of Fort Worth and their employees and volunteers from any and all claims by any person whomever on account of such care and treatment of said participant.

The participant has: \_\_\_\_ no known allergies to medications / \_\_\_\_ is allergic to the following medication(s):

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

*Doctor's Phone Number*

I hereby request that my child be allowed to participate in the Basketball Camp. **MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THE MEDICAL CONSENT, AND THE APPLICATION AND WAIVER FORM.** I agree that the releases, the indemnity, and the other agreements contained in this document are a part of the consideration for the child being allowed to attend camp/league.

\_\_\_\_\_ Date \_\_\_\_\_

*Signature of Parent/Guardian*

\_\_\_\_\_

*Printed Name of Parent/Guardian*

Home Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

E-mail Address \_\_\_\_\_