Kellogg Community College
Summer Basketball Camp
June 20-23, 2016

Join KCC’s Basketball Coach, Ben Reed, and team members for fun & skill building!

WHERE: KCC’s Miller Physical Education Building

WHEN:
Grades 1-5
9 am-12 pm

Grades 6-9
1-4 pm

FEE: $60  Includes camp t-shirt

NOTE:
- Payment is due with camp registration
- Each camper must have a signed medical release & waiver to participate
- Camp is open to both boys & girls

To Register:

MAIL
Complete registration form and release and waiver of liability and mail with payment to:
Lifelong Learning, 450 North Ave, Battle Creek MI 49017

PHONE
Call Lifelong Learning at 269.965.4134 to register by phone using a credit/debit card

FAX
Fax completed registration form and waivers to 269.565.2129

IN PERSON
In the Lifelong Learning Office, KCC’s Main Campus, Ohm Building, Room 102
2016 Summer Basketball Camp Registration Form

CAMPER INFORMATION

NAME ____________________________________________________
GRADE __________ DATE OF BIRTH ________________________
ADDRESS _________________________________________________
CITY/ST/ZIP _______________________________________________

TSHIRT SIZE youth: S M L XL adult: S M L XL

PARENT EMAIL ____________________________________________

PAYMENT INFORMATION

Make checks payable to Kellogg Community College
_____ CASH  _____ CHECK  _____ CHARGE

CREDIT CARD NUMBER _____________________________________
EXPIRATION DATE _______ / _______

PARENT/GUARDIAN INFORMATION

EMERGENCY CONTACT _____________________________________
PHONE 1 _________________ PHONE 2 _________________

EMERGENCY CONTACT _____________________________________
PHONE 1 _________________ PHONE 2 _________________

CONSENT TO PHOTOGRAPHY (please initial)

_____ I grant permission to KCC to include my child in any photograph taken during the camp

_____ I do not grant permission to KCC to include my child in any photograph taken during the camp

RELEASE FOR MEDICAL TREATMENT

Since most students attending the camp are under 18 years of age, it is necessary that Kellogg Community College have the permission of parents/legal guardians to administer treatment in the event of an accident or sudden illness. If you are 18 years of age or older, sign your name.

Name ____________________________________________________

Date of last tetanus immunization __________________________________

Any allergies to medicines? Please list: ______________________________

I hereby authorize any medical treatment which may be advised or recommended for ________________________________ (camper) while at Kellogg Community College.

I have the required insurance:

Company _____________________ Policy Number _________________

Signature of Parent or Legal Guardian: ____________________________ Date ____________

RELEASE AND WAIVER OF LIABILITY

The undersigned hereby acknowledges that participation in this camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp and all employees and agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown injuries, damage to property, and the consequences thereof, resulting from the registrant’s participation in or involvement with this camp, including and failure of equipment or defect in the premises.

I hereby state that I am the legal guardian of said child and agree to the above statement:

_______________________________________ Date ____________

Print Name ________________________________________________