

Fundamental Skills & Drills Basketball Camp

Join Kellogg Community College's Men's Basketball Coach, Ben Reed, and the KCC Basketball Team for this Skills & Drills Camp that will focus on the fundamentals of basketball.

SESSION 1

Sundays
April 3, 10, 17
\$35

Grades 1-5
2-4 pm
Grades 6-9
5-7 pm

SESSION 2

Sundays
May 1, 8, 15, 22
\$45

Grades 1-5
2-4 pm
Grades 6-9
5-7 pm

BONUS! Register for Session 1 & Session 2 for just \$75!

- Camps are held at KCC's Miller Physical Education Building
- Fee includes a camp t-shirt
- Campers should bring a water bottle & come dressed to play
- 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 Skills & Drills 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 _____

April Session May Session Both Sessions

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 _____