



BEES BASKETBALL BOYS CAMP

Our camp's purpose is to teach the basic fundamentals of basketball and to make you a better basketball player in a fun, safe and wholesome environment. Our focus will be on sportsmanship, fair-play, learning and skill-development.

- **LOCATION:** BBH High School Gymnasium – Both Main and Aux gyms will be used.
- **DATES:** Tuesday, June 14th – Thursday, June 16th
- **TIME:** 1:00 – 4:00 PM
- **PARTICIPANTS:** 2nd, 3rd, 4th, 5th, 6th, 7th, & 8th Grade Boys -**2022-2023 school year**
- **COST:** \$100 – Each Camper receives a Bees Basketball Tee Shirt
- **TEACHING STAFF:** BBHHS Basketball Coaches & Players
- **REGISTRATION DEADLINE:** **Friday, June 10th** (to guarantee Tee Shirt size)

Name _____ (2022-2023) Grade _____

Address _____ City _____ Zip Code _____

Parent: _____ Cell: _____ Email: _____

Shirt Size: _____ YM YL AS AM AL AXL A2XL

PLEASE LIST ANY MEDICAL CONDITIONS/ALLERGIES:

We hereby request you accept this application for enrollment of my child for the 2022 Brecksville-Broadview Heights Boys Basketball Camp. In consideration of your acceptance of the application, I hereby release the Brecksville-Broadview Heights City School District and all of its employees from claims on account of injuries which may be sustained by my child while attending or as a result of participating in the camp. We also agree to indemnify, defend and hold harmless the Brecksville-Broadview Heights City School District and all of its agents and employees from and against any and all claims, demands, suits and liability that may hereafter be presented as a result my child's participation in the camp. I recognize the physical nature of the camp activity and assume on behalf of my child the risk of injury inherently associated with participation in the camp. In the event of sudden illness or accident which I cannot be reached, I authorize the camp to have my child transported to an appropriate medical facility. I also consent to the performance of such treatment and/or emergency procedures as deemed necessary or advisable by the medical staff member in charge of the emergency receiving room.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **Date** _____

Please make checks payable to Brecksville-Broadview Heights Athletic Department and mail to this address:

BBHHS Athletic Department
Attn: Steve Mehalik – Boys Basketball
6380 West Mill Road
Broadview Heights, OH 44147

CAMP CONTACT: Steve Mehalik – smehalik@sbcglobal.net - 440-724-6919 – DEADLINE IS JUNE 10TH