



Brecksville-Broadview Heights Lady Bees Basketball Camp

Our camp’s purpose is to teach the basic fundamentals of basketball, introduce grade-level improvement skills, and experience game play in a fun, safe, and wholesome environment.

Our focus will be on sportsmanship, fair play, learning, and skill-development.

- **LOCATION:** Brecksville-Broadview Heights High School – Main Gym & Aux. Gym
- **DATES:** June 6th – 8th, 2022
- **TIME:** 9:00 am – 12:00 pm
- **PARTICIPANTS:** Girls Entering 2nd – 6th grades
- **COST:** \$90.00 per camper
(Families with more than 1 child will be charged \$50 for additional children)
- **COACHING STAFF:** Bees HS & MS Coaching Staff & current high school players

Name: _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ Zip Code: _____

Father: _____ Cell: _____ Email: _____

Mother: _____ Cell: _____ Email: _____

We hereby request you accept this application for enrollment of my child for the 2022 Brecksville-Broadview Heights 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.

PLEASE LIST ANY MEDICAL CONDITIONS/ALLERGIES ON THE LINE BELOW:

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

Return this form and make checks payable to: **Brecksville Broadview Heights Athletic Department**
6380 Mill Road, Broadview Heights, Ohio 44147

Registration deadline: Friday, June 3rd, 2022 Walk-ups will be accepted.

CAMP CONTACT: Melisa Clark – melclark32@yahoo.com