

KNIGHTS BASKETBALL CAMP



For boys entering 4th grade through 6th grade (2022-2023)

FARMINGTON HIGH SCHOOL

The camp will be conducted by the Farmington High School Coaching Staff. The fundamentals of basketball will be emphasized, especially, dribbling, passing, footwork, and shooting.

June 13th-15th
12:00-2:00 each day
Cost: \$40

NAME _____

ADDRESS _____

CITY _____

GRADE (2022-2023) _____

T-SHIRT SIZE _____ (all youth sizes unless stated otherwise)

Parent Name _____

Phone number _____

Return this form and payment to: Garrett Callahan
1 Black Knight Drive
Farmington, MO 63640

or, return it to the office of the school that the participant currently attends.

Make checks payable to: Farmington High School

For questions, contact Garrett Callahan (Head Coach) via email:
gcallahan@farmington.k12.mo.us, or phone: 573-701-1300 ext. 2128

***See the back side of this form for Waiver of Liability form and Medical Consent Form.

Knights Basketball Camp

Farmington High School

June 13th-June 15th

Location

Dates

Waiver of Liability and Release

I, _____, the parent or legal guardian of
(print parent name),

_____,
(print child's name),

In consideration of my child being allowed to use Farmington R7 School District sponsored activities, I assume any and all risks, including risk of injury or death, associated with my child's participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against Farmington R7 School District and its officials, employees and agents for any injuries suffered by me or my child in connection with participation in Farmington R7 School District sponsored activities and transportation. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring legal action or to assert a claim against Farmington R7 School District.

Parent/Guardian Signature: _____ Date: _____

Consent to Medical Care and Treatment of Minor Children

I, _____
(print parent name),

the parent or legal guardian, hereby give my permission that my child,

(print child's name),

may be given emergency treatment to include first aid and /or CPR by a qualified representative of Farmington R7 School District. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health in case I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Signature: _____ Date: _____