



2018 Sequoyah Lady Indians Basketball Camp

June 4 - 6

Grades 1-5 (for 2018-19), 8:00-11:00 A.M.

Grades 6-9 (for 2018-19), 12:00-3:00 P.M.

Name: _____

Grade for 2018-19: _____

T-shirt size: Youth S Adult S Adult XL
 Youth M Adult M Adult 2X
 Youth L Adult L

Parent/Guardian Name: _____

Phone Number: _____

Additional contact in case of emergency:
 Name: _____

Questions Call: Larry Callison 918-557-8335
 Jon Minor 918-575-2338

Phone Number: _____

Camp fee \$40.00

Make checks payable to Larry Callison

Registration form and fee may be turned in to Coach Callison ahead of time or the first day of camp. Early registration is appreciated.

RELEASE OF LIABILITY:

In consideration of the Sequoyah basketball camp and granting the camper permission to participate, I hereby state that the Lady Indians Basketball Camp and the individuals representing the camp are not responsible for any preexisting injury or recurrence of any undisclosed preexistent injury or illness of the listed camper. I further acknowledge and release the Cherokee Nation, Sequoyah Schools, and its employees, contractors, agents, instructors and all other participants in camp from all liability including claims and suits at law or equity, for injury which may result from the camper taking part in the camp. _____ **initials**

I, as a parent or legal guardian, acknowledge and fully understand that the participant will be engaging in activities that involve risk of serious injury and that there may be other risks not known or not reasonably seen at this time. I assume all the foregoing risks and accept personal responsibility for any damages following such injury, permanent disability or death. I hereby consent to said minor's participation and assume all the risks of his personal injury that may result from the camp activity. _____ **initials**

I release, waive, discharge, and covenant not to bring legal action upon the Cherokee Nation, Sequoyah Schools' employees, contractors, agents, instructors, participants and anyone associated with its operation.

Signature of parent or guardian _____

Date _____

Medical release and insurance verification: Camper's Name _____

I request and give permission to the Sequoyah Schools' staff and the W.W. Hastings medical staff to treat the above named camp participant appropriately, including medical referrals and/or medical transport. _____ **initials**

I understand that any charges resulting from this medical treatment will be billed to me at my address above or to my medical insurance. I also understand that as parent or legal guardian I am also responsible for any deductibles associated with the primary or the secondary coverage. _____ **initials**

Medical Insurance Company _____

Policy Number _____