

JACKIE STILES BASKETBALL CAMP



CAMP INFORMATION

When: Wednesday, July 12, 2023 **Where: Hill City Grade School Gymnasium**
216 N. 4th Ave.
Hill City, KS 67642

*** Limited to the first 90 participants per session ** Please Bring your own ball!*

SESSIONS & PRICING

\$55 PER ATHLETE

Session ONE: \$55

1:00 - 4:00 p.m.

**2nd - 6th grade
boys/girls**

Select this session : _____

Session TWO: \$55

4:30 - 7:30 p.m.

**7th - 12th grade
boys/girls**

Select this session : _____

ATHLETE CONTACT INFORMATION

Complete one form in its entirety for each participant.

Athlete First & Last Name

Gender :

Male

Female

Grade (2023 - 2024) _____

Date Of Birth :

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y

PARENT / GUARDIAN INFORMATION

First & Last Name :

Address :

City :

Zip Code :

State :

Phone Number :

E-Mail :

ANYTHING IS POSSIBLE

JACKIESTILES.COM

JACKIE STILES BASKETBALL CAMP

— WAIVER AND PAYMENT INFORMATION



WAIVER & CONSENT STATEMENT

Complete one form in its entirety for each participant.

Waiver and Consent Statement: I, the undersigned, state that I understand the basketball facility is not, nor shall not be responsible for, or liable for illness to any person or damage to property resulting from the program in which the undersigned is enrolled or from my participation in said program. I, also, assume all physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless the camp facilities, its officials, Jackie Stiles, coaches/volunteers, officers, and employees and/or any other civic or private organization appointed by it from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury to child or person. In case of sickness or injury, I authorize the calling of 911 and/or providing other necessary first aid and medical services. I understand that responsible measures will be taken to safeguard the health and safety of the participant. I, the undersigned, also waive any and all claims that I or my heirs, executors, administrators or assigns may claim to have resulting from a photograph, Video or reproductions thereof of me while participation in any of Jackie Stiles Basketball Programs.

I HAVE READ AND UNDERSTAND THE WAIVER AND CONSENT STATEMENTS.

Signature _____ Date _____

PAYMENT INFORMATION

\$55 PER ATHLETE

Please Make Checks Payable to GCRC.

Check #: _____

**Registration available online at:
<https://gcrchc.wixsite.com/gcrc>**

CAMP CONTACT INFO / WHERE TO SEND FORMS:

Graham County Rec. Commission
(785) 216-0867
EMAIL: gcrchc@gmail.com

GCRC
915 W. Main
Hill City, KS 67642

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JACKIESTILES.COM