

**BELVIDERE NORTH BLUE THUNDER
GIRLS' 5th & 6th GRADE BASKETBALL CAMP**



June 8th-10th 2:00 P.M. – 4:00 P.M.

BCMS Gymnasium

Cost \$35

**Camp will be run by the BNHS & BCMS basketball staffs in a fun,
competitive manner to help teach both offensive and defensive
fundamentals of the game.**

Athlete's Name _____

Address _____

City _____

Phone _____

Grade entering _____

T-shirt size (adult sizes) _____

Medical Conditions _____

Person to reach in case of emergency:

Name _____

Relationship to athlete _____

Phone _____

2nd phone _____

Your daughter has indicated an interest in registering as a participant in our summer camp. We provide NO medical insurance coverage of any kind & strongly urge that you seek coverage if your daughter is not already covered. By registering you are acknowledging that you are waiving and releasing all claims for injuries which your daughter may sustain arising from participation in our camp. I hereby understand that I and/or my family members acknowledge the risks inherent in the above mentioned activity and agree that NO liability will be claimed or enforced against any person or group therewith connected. I understand that NO hospitalization, health, or accident insurance is provided in connection with the said registration. I further remise, release and forever discharge the said release, their heirs, executors and administrators of and from all manner of actions, cause and causes of acting suits, debts, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, controversies, agreements, promises, variance, trespasses, limiting the generality of the foregoing which she now has against them or ever had or which her heirs, executors whatsoever, on or at any time prior to the date of these presents. I further state that I have read and understand that this is a general release and that I intend for it to be legally bound by the same.

Parent/Guardian Signature: _____

Date: ___/___/___

**Please return camp forms & payment to Coach Mike Bradford by June 1st.
Payment can be made to BCMS.**

Mail to: Coach Mike Bradford, 8787 Beloit Road, Belvidere, IL 61008

Any questions, feel free to call or e-mail.

815-544-0190 (work) or 309-255-8890 (cell) or mbradford@district100.com