

# JACKIE STILES BASKETBALL CAMP REGISTRATION

**Complete one form in its entirety for each participant.**

**Forms Due by: May 3, 2024 to Rec Office**

Please Print Legibly

Participant's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Grade (circle one): 3 4 5 6 7 8 (for 2024-25 school yr)

Sex: M or F

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
(street) (city) (state) (zip)

Text Available? YES NO

Parents/Guardian Name \_\_\_\_\_

Email: \_\_\_\_\_

## Camp Info:

Come learn all about the game of basketball from our very own Jackie Stiles; Claflin High graduate!!

**This will be held at Central Plains High School, Saturday, May 25, 2024.**

**3rd- 5<sup>th</sup> grades boys & girls will be done from 10 am – 1 pm.**

**6th- 8<sup>th</sup> grades boys & girls will be done from 1:30 – 4:30 pm.**

**Bring your own basketball to the clinic (make sure your name is on it).**

Each camp session will be open to the first 100 registered participants. Registration can take place the day of if space allows. Call the Rec to verify space availability.

Activity Name:

Fee:

**Jackie Stiles Camp (3 - 8<sup>th</sup> Grades) -----\$55**

**(Payable to Jackie Stiles)**

*cash or check*

## **Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

*Waiver and Consent Statement:* I, the undersigned, state that I understand the Claflin Recreation Commission/Central Plains High School 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 Claflin Recreation Commission, Central Plains High School, its officials, 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 Claflin Recreation Commission programs.

I HAVE READ AND UNDERSTAND THE WAIVER AND CONSENT STATEMENTS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN FORMS BY MAY 3, 2024- BY MAIL OR DROP OFF ONLY TO:**

CLAFLIN REC, PO Box 14, 406 Main St., Claflin, KS 67525.

QUESTIONS CALL: 620-588-4321 or EMAIL: claflinrec@gmail.com