

STEBBINS HIGH SCHOOL BOYS BASKETBALL CAMP



June 6th - 9th
Spinning Hills Gymnasium

Camp is for any
player going into Grades 3-7
9:00 am -12:00 pm

Featuring Stebbins Varsity
Head Coach Dennis Wahle,
Stebbins Assistant Coaches,
Current & Former Players

Cost:
\$60 Registration
(T-Shirt size guaranteed if registered by May 27, 2022)
For Additional information call 937-237-4250 or
dennis.wahle@madriverschools.org

PLEASE BRING
WATER
BOTTLE

Return Registration form to: Dennis Wahle, Stebbins HS 1900 Harshman Rd, 45424
Please make checks payable to Stebbins High School
Grade Next Year: _____

Name: _____

Address: _____

City: _____ Zip: _____

Current School: _____

Shirt Type: ^(Circle one) Youth or Adult Shirt Size: ^(Circle one) S M L XL

This release of liability waiver is for participation in the above referenced activity. This activity will be supervised by Mad River Local School District Employees. We, the undersigned do hereby give permission for our child to participate in the above stated activity. We do hereby assume full responsibility for any risk of bodily injury, personal injury or mental injury or death due to our child's participation in these activities and the necessary travel to and from any activity site. We also further hereby assume full responsibility for all lost, stolen, or damaged personal property and will not hold the school or its employees responsible for said loss or damage to personal property. The undersigned further release, waive, discharge and covenant not to sue the Mad River Local School District Board of Education, its individual members, its superintendents, principals, administrators, employees, agents or anyone acting on its behalf, from all liability, arising from or by reason of any bodily injury, personal injury or mental injury, known or unknown, including death, resulting from, or to result from our child's participation in this athletic camp sponsored by Mad River Local Schools. We expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said student may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall, nevertheless, continue in full force and effect. We further state that we have fully and carefully read the above release and know the contents of the same and sign this release as our own free act. We further consent to emergency treatment by a physician in the event of injury to or illness of our child during his/her participation in such activities.

Parent (Print) _____ Date: _____

Parent Signature: _____ Emergency Phone: _____

STEBBINS GIRLS BASKETBALL CAMP 2022

- Who:** All girls entering grades 1 through 7
- Dates:** June 20, June 21, June 22, and June 23
- Times:** 12:00 – 2:30
- Where:** Spinning Hills Middle School
- Cost:** \$50. Please make checks out to Stebbins Athletic Boosters and mail to:
Coach Al Cridge, Saville Elementary School
5800 Burkhardt Road, Riverside Ohio 45431
Email: al.cridge@madriverschools.org, School phone: 937-259-6625

Mad River Local Schools Release of Liability Waiver Event/Activity: Athletic Camp, Stebbins Girls' Basketball Camp

Date: June 20-June 23

This release of liability waiver is for participation in the above referenced activity. This activity will be supervised by Mad River Local School District Employees. We, the undersigned do hereby give permission for our child to participate in the above stated activity. We do hereby assume full responsibility for any risk of bodily injury, personal injury or mental injury or death due to our child's participation in these activities and the necessary travel to and from any activity site. We also further hereby assume full responsibility for all lost, stolen, or damaged personal property and will not hold the school or its employees responsible for said loss or damage to personal property. The undersigned further release, waive, discharge and covenant not to sue the Mad River Local School District Board of Education, its individual members, its superintendents, principals, administrators, employees, agents or anyone acting on its behalf, from all liability, arising from or by reason of any bodily injury, personal injury or mental injury, known or unknown, including death, resulting from, or to result from our child's participation in this athletic camp sponsored by Mad River Local Schools. We expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said student may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall, nevertheless, continue in full force and effect. We further state that we have fully and carefully read the above release and know the contents of the same and sign this release as our own free act. We further consent to emergency treatment by a physician in the event of injury to or illness of our child during his/her participation in such activities.

Player's Name (Please Print): _____ **Grade next year** _____

Preferred t-shirt size, circle one: YS YM YL AS AM AL AXL

Parent/Guardian Name (Please Print): _____ **Phone** _____

Parent/Guardian Signature _____ **Date:** _____

Emergency Contact Information: Name: _____ **Phone** _____