

# IMPROVE BASKETBALL CAMP 2024

## JULY 15<sup>TH</sup> – 18<sup>TH</sup> 2024

Camp Location: Our Lady of Visitation

July Madness: 9:00am – 1:00pm

### Application for incoming 2<sup>nd</sup> – 8<sup>th</sup> grade students for 2024-2025 school year

Mail to: Improve 2557 Falconbridge Dr Cincinnati, OH 45238

Players Name \_\_\_\_\_  
Parent/Gurdian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
Incoming Grade \_\_\_\_\_ T-Shirt Size (Circle One) YS YM YL S M XL  
E-Mail \_\_\_\_\_

Please include cash or check for \$149 payable to “Improve” with the submission of this form. You can also submit payment via Venmo to @Paul-Cluxton. Please include your child’s name.

Permission indemnifying release:

In consideration of the improve program allowing my child to play basketball in said program, I/we undersigned parents, of legal guardian of \_\_\_\_\_, a minor, do hereby agree as follows: (1) I/We grant permission for said minor to participate in and all of said program activities. (2) I/We grant said program, and any of its coaches, agents, employees or representatives permission to supervise, in a reasonable manner, our minor child in his participation in any and all of said camp activities. (3) I/We release and forever discharge said program, the camp directors, Nagel Junior High School, Seton High School, Our Lady of Visitation School, Our Lady of Lourdes School, Northern Kentucky University, any and all coaches, sponsors, agents, employees or representatives of said organizations, individually as a group or entity, for any and all claims, demands, damages, actions, causes of action, or suits of whatsoever kind and nature which may arise out of participation of my minor child in said program. (4) I/we further agree to protect the aforesaid individuals, groups, and/or entities against any claims, demands, damages, actions, causes of action, or suits of whatsoever kind and nature which may arise out of participation of my minor child in said program. (5) I/We further state to the best of our knowledge is physically and able to play basketball. I/we agree to furnish a doctor’s statement to that effect if requested by program director. It is understood that this program does not take responsibility for the physical fitness of the players and that as a parent/guardian we take responsibility for the physical condition of our minor child. (6) I/we further certify that we have health and hospitalization insurance under which said child is insured. I further grant the program directors to have my child treated by a physician in the event of illness or injury and I/we cannot be immediately contacted.

Athlete’s Signature \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Medical Insurance Coverage \_\_\_\_\_  
Plan \_\_\_\_\_ Date \_\_\_\_\_