



# Delaware Police Youth Basketball Camp 2016

**July 11-13, 2016**

**Noon – 3 PM**

**Hayes High School**

**289 Euclid Avenue**

**Delaware, Ohio**

Registration is required and space is limited to the first 50 registered. Complete the attached documents in their entirety and return to the Delaware Police Department, 70 North Union St. Delaware, Ohio 43015 or by e-mail to [sfranks@delawareohio.net](mailto:sfranks@delawareohio.net). Questions can be also be submitted by e-mail, or contact 740-203-1100 ext. 2173.





**Delaware Police Department**  
2016 Youth Basketball Camp Registration

Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School (as of Fall 2016) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

Is the child allowed to walk/ride bike to and from camp? Yes No

Name & contact information of those other than parent(s) allowed to pick up child from camp:

\_\_\_\_\_

**Emergency Contact (If parent/guardian is unavailable)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

**Agreement of Participation**

I agree to my child's participation in the Delaware Police Department's Basketball Camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
How did you hear about this camp?



**2016 Youth Basketball Camp**  
Participant Medical History

Name (First, Middle, Last) \_\_\_\_\_

**Allergies**                      Yes              No

If yes, please list allergies: \_\_\_\_\_

\_\_\_\_\_

**Medical Problems**              Yes              No

If yes, please list medical problems or conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Daily Medication**              Yes              No

If yes, please list all medication: \_\_\_\_\_

\_\_\_\_\_

Please list any physical or behavior conditions that may affect or limit full participation in playing strenuous physical games: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**2016 Youth Basketball Camp**  
Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by participating in the Delaware Police Departments' **"2016 Youth Basketball Camp,"** you will be waiving your own and your child's rights to make any claims of personal injuries or damages of any kind that you or your child may sustain arising out of his or her participation in "Basketball Camp". You will also be required to indemnify, hold harmless and defend the City of Delaware from any claims arising out of your child's participation in the 2016 Youth Basketball Camp.

Your child's activities as a Participant may include physical activities and exercise, physical contact with other persons, riding in vehicles operated by the Delaware Police Department and participating in a wide variety of other activities. By enrolling in the program you acknowledge and agree as follows:

**Risk of Injury:**

You recognize and acknowledge that there are certain risks of physical injury and you agree on your own and on your child's behalf to assume the full risk of any personal injuries and property damages or losses of any kind which you or your child may sustain as a result from your child's participation in any and all activities associated with the Delaware Police Department's 2016 Youth Basketball Camp.

**Indemnity and Defense:**

By signing this document, you also agree to indemnify, hold harmless and defend the City of Delaware and their officers, employees, and volunteers from any and all claims for personal injuries, property damage or losses of any kind arising out of, connected with, or in any way associated with your child's participation in the Delaware Police Department's 2016 Youth Basketball Camp.

**I understand transportation of my child is my responsibility. \_\_\_\_\_  
is permitted to transport my child. (Name of person allowed to transport child)**

**I have read and fully understand and agree to the above stated conditions of participating in the Delaware Police Department's 2016 Youth Basketball Camp.**

\_\_\_\_\_  
**Print Name of Participant**

\_\_\_\_\_  
**Participant's Date of Birth**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Print Name of Parent**

\_\_\_\_\_  
**Address/Emergency Telephone Number**



### **Photograph/Video Consent Waiver**

Throughout the course of camp, photographs or videos may be taken of camp activities to be used to promote future camps. On occasion, these images or videos may be posted to social media sites operated by the City of Delaware or the Delaware Police Department.

I give the Delaware Police Department, its representatives and employees the right to take photographs and or videos of my child and authorize them to use this content in print and or electronically.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

### **What to Bring to Camp**

Campers should wear standard athletic wear or something similar to gym clothes that allow them to be comfortable during physical activity. Campers should also bring a water bottle. All valuables should left at home.

