

Central Carolina Community College Foundation Waiver

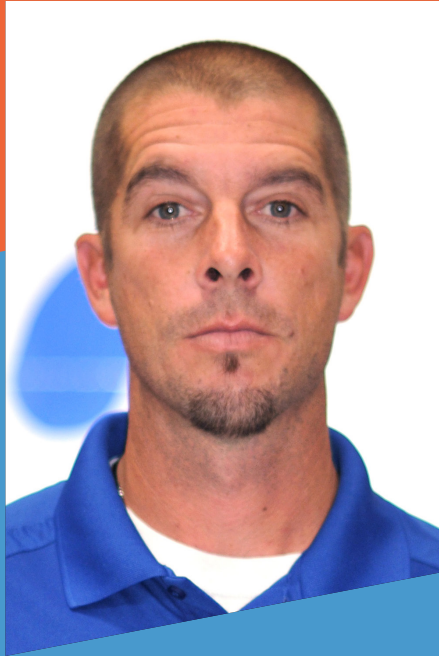
The undersigned hereby certifies that he/she is the parent/legal guardian of the camper and that he/she has no knowledge of any medical problem or physical impairment that will be affected by the camper's participation in the youth basketball camp. I hereby give permission to the camp staff to seek appropriate medical attention if unable to contact me during camp in the event of accident, injury or illness. I understand that participation in sports activities involves possible risks due to the nature of the activity and neither the trustees of CCCC nor any of the employees or agents assume responsibility for accident insurance coverage, medical bills and claims resulting from injury while participating in this sports camp. I understand and agree that the participant's parents/legal guardian will be responsible to pay for necessary medical treatment not covered by personal insurance.

Further, in consideration of the applicants participating in CCCC youth basketball camp, the undersigned does hereby release the Trustees of CCCC, its officers, representatives, staff and employees of and from all liability, claims, demands, actions, and alleged cause of action whatsoever, arising out of or related to any loss, damage or injury that may be sustained by the minor applicant and the undersigned while participating in said basketball camp. To the fullest extent permitted by law the undersigned agrees to hold harmless that Trustees of CCCC and its officials, employees, representatives and personnel against any and all claims, demands, suits or actions for damages which may be asserted against the said Trustees, its officials, employees, representatives and personnel by reason of any person injury, and/or property damage or loss which is sustained because of or which arises out of or is in any way connected with the youth basketball camp.

Participant Name Printed

Parent/Guardian Name Printed

Parent/Guardian Signature and Date



BRAD MCDUGALD

**Camp Director,
Head Men's Basketball Coach**

bmcDougald@cccc.edu



BASKETBALL YOUTH CAMP

(grades 3rd, 4th, 5th, 6th, 7th, and 8th)

This Basketball Youth Camp will focus on teaching, developing and improving dribbling, shooting, passing, running, and jumping. Participants will get a snack and drink each day and they will get a CCCC Basketball Youth Camp t-shirt.

DATE: Monday, July 15 through Thursday, July 18

REGISTRATION FEE: \$100 (includes t-shirt)

REGISTRATION/CHECK-IN: 5:00 p.m.

SESSIONS: 5:30 p.m. – 8:30 p.m.

For more information, email Jonathan Hockaday at jhockaday@cccc.edu

Camp Registration Form

Name: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Email: _____

T-shirt Size:

XS S M L XL XXL

Parent Cell Phone Number: _____

School attending in Fall 2019: _____

Return this form and payment to:

Attn: CCCC Foundation
Central Carolina Community College
1105 Kelly Drive, Sanford, NC 27330

