

Camp Highlights

We are super excited to host our annual camp this year. The camp will be limited to the first 75 Grizzlies who sign up.

FUN, LEARNING and COMPETITION for all campers, Skill Improvement, Guest Speakers, Games.

- Instruction will be given by Head Boys Coach Casey Gramling along with assistance from his coaching staff and players and former players
- Great coach to player ratio
- Great facilities!



Camp Format

Awards

- Select daily individual prizes.
- Camper of the Week
- Each camper will receive a camp t-shirt.



What to Wear?

Campers need to wear basketball shoes, t-shirt, and shorts.

Concession Stand

A concession stand will be open during break times for campers to buy snacks. Campers are responsible for their own money. The coaches will not be allowed to hold money for the kids.



Registration Form

****LIMITED ENROLLMENT****

Camp will be limited so it is important to have pre-registered and pre-paid:

Email confirmation will be sent out once registration and payment have been received.

Participant Name: _____

Age: _____ Grade: (Fall 2020): _____

Guardian's Name: _____

Phone: _____

Email: _____

*A confirmation email will be sent to this email address once registration and payment has been received. *

Adult T-Shirt Size: S M L XL

Youth T-Shirt Size: YS YM YL

All PREREGISTERED and PAID campers will receive a t-shirt.

Venmo—@Casey-Gramling, or

Make checks payable to

CASEY GRAMLING. Send payment

and completed registration to:

Casey Gramling

235 Daybreak Rush

Canton, Ga. 30114

Attn: Basketball Camp

*

Registration and full payment must be received by June 6th

Cancellation Policy

Total Amount Refunded if camp is cancelled. Otherwise, no refund issued unless your spot can be filled.

WAIVER/RELEASE FORM

Participants Name: _____

Emergency Contact: _____

Phone: (H) _____ (W) _____

(Cell) _____

Relationship to Participant: _____

PARTICIPANT INFORMATION: Please check the correct response and fill in any necessary information.

A. Is the participant allergic to anything?

YES () NO ()

If yes, please list _____

B. Is the participant currently taking any medication?

YES () NO ()

If yes, please list _____

C. Photo permission. Pictures may be taken at programs. We encourage parents to allow photos to avoid isolation of participants during photo sessions. Pictures are used for scrapbooks, publicity, or brochures. By signing this waiver you are also granting permission for photos to be taken.

EMERGENCY TREATMENT & TRANSPORTATION PERMISSION:

In case of accident or injury, Jr. Grizzly Basketball Camp needs parental or guardian permission for emergency treatment and transportation. A signature below grants this permission.

INSURANCE INFORMATION: Health, medical, and hospital coverage is the responsibility of the participant, parent or guardian.

Insurance Co: _____

Policy#: _____

HOLD HARMLESS-INDEMNITY RELEASE FOR PARTICIPANTS, CAMP WAIVER & RELEASE OF ALL CLAIMS:

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program. "As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against CCBOE, Jr. Grizzly Basketball Camp and their officers, agents, servants and employees". I have read and fully understand the above Program Details and Waiver and Release all Claims.

Signature(s): _____

Please print name: _____

Date: _____



14th Annual Junior Grizzly Basketball Camp

Boys Ages 5-13

June 6th—June 9th
9:00 am—12:00 pm

Creekview High School
Gym

Cost \$100/ camper

A Hold Harmless Agreement Individual Agreement

Participants Name: _____

Emergency Contact: _____

Phone: (H) _____ (W) _____
(Cell) _____

Relationship to Participant: _____

PARTICIPANT INFORMATION: Please check the correct response and fill in any necessary information.

Is the participant allergic to anything?

YES () NO ()

If yes, please list _____

Is the participant currently taking any medication?

YES () NO ()

If yes, please list _____

PHOTO PERMISSION:

Pictures may be taken at programs. We encourage parents to allow photos to avoid isolation of participants during photo sessions. Pictures are used for scrapbooks, publicity, or brochures. By signing this wavier you are also granting permission for photos to be taken.

EMERGENCY TREATMENT & TRANSPORTATION PERMISSION:

In case of accident or injury, Creekview Tip Off Club needs parental or guardian permission for emergency treatment and transportation. A signature below grants this permission.

INSURANCE INFORMATION:

Health, medical, and hospital coverage is the responsibility of the participant, parent or guardian.

Insurance Co: _____

Policy#: _____

HOLD HARMLESS-INDEMNITY RELEASE FOR PARTICIPANTS, CAMP WAIVER & RELEASE OF ALL CLAIMS:

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program. "As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against CCBOE, Creekview Tip Off Club and their officers, agents, servants and employees". I have read and fully understand the above Program Details and Waiver and Release all Claims.

Parent/Guardian

Signature(s): _____

Please print name: _____

Date: _____

ACKNOWLEDGMENT BY PARENTS AND/OR LEGAL GUARDIANS OF YOUTH PARTICIPANTS:

I agree to and verify the following:

- 1) I am the parent or legal guardian for the youth participant associated with this guardian account
- 2) that the date of birth of the youth participant associated with this guardian account is correct
- 3) that as parent/legal guardian with legal responsibility for this youth participant, I consent and agree to assume the risks of his/her participation in these programs
- 4) that I specifically agree to his/her release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to this youth participant's involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Players Name:

Parent/Guardian Signature
