

**I'M
IN
TOO.**

“I’m In, Too” Basketball Camp

Designed for Athletes with Special Needs

June 4-5 2019

6:30-8:30 PM

Upper Arlington High School

Just play. Have fun. Enjoy the game.

- Michael Jordan

This activity is not sponsored by Upper Arlington Schools.

Camp Features

- Instruction by UA Coaching Staff
- Fun, Positive Environment
- Free T-Shirt and Jersey
- Each Camper will receive a free Basketball
- Fundamental Skill Work
- Full Court Games
- Contests

What to Expect

- NO CHARGE TO PLAY !!
- Footwork Warm-up
- Ballhandling Drills
- Passing
- Dribbling
- Shooting
- Contests
- Full Court Games

**I'M
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Please fill out and submit the attached forms ...

- 1. “I’M IN,TOO” BASKETBALL CAMP
EMERGENCY MEDICAL FORM**
- 2. “I’M IN,TOO” BASKETBALL CAMP
WAIVER AND RELEASE**
- 3. “I’M IN, TOO” BASKETBALL CAMP
GENERAL INFO FORM**

Other Important Information

All completed applications should be sent to:
Matt Weikert
6242 Allisons Way
Hilliard, Ohio 43026

You can email the registration form
Electronically to Coach Weikert @
mandcw98@gmail.com

Please direct any questions to Coach Weikert @
mandcw98@gmail.com

**Camp is Limited to the first 80 players !!!
Please register ASAP !!**

Register by May 24 to Guarantee your shirt size !!!

THIS IS A FREE BASKETBALL CAMP

Looking Forward to a Great Camp !!!

I'M IN TOO.

“I’M IN, TOO” BASKETBALL CAMP GENERAL INFORMATION FORM

Camper’s Name: _____

Contact Email: _____

Contact Phone: _____

Camper’s Age: _____

T-shirt/Jersey Size (Adult Sizes Only)

Please Circle One

S M L XL XXL

WAIVER AND RELEASE

The undersigned, who by signing this document below, represents that he/she is the parent and/or legal guardian of a participant in the ***“I’m In, Too”*** basketball camp, or an adult participant, does hereby acknowledge and agree as follows:

The undersigned understands and is aware that during the ***“I’m In, Too”*** basketball camp his/her child - - or him or herself - - will be participating under the direction of individuals assisting with the camp. It is further understood that certain risks and dangers may occur, including but not limited to, hazards of accidents or illnesses, the forces of nature, personal injuries, theft and/or destruction of personal property, acts of third persons, and various other unspecified but possible events associated with the camp.

In exchange for ***“I’m In, Too”*** basketball camp allowing the camper to participate in the activity, the undersigned hereby assumes the risks as set forth above and the undersigned on his/her own behalf and on behalf of his/her child hereby releases, discharges and/or waives any and all liability, claims, damages, causes of action and/or demands against ***“I’m In, Too”*** basketball camp of every kind and nature whatsoever which may arise from or in connection with the camper’s participation in the camp. The undersigned further agrees to indemnify and hold ***“I’m In, Too”*** basketball camp harmless from any claim arising out of or related to the camper’s participation in the camp. This release shall be binding upon the undersigned and the heirs, next of kin, executors, administrators and personal representatives of the undersigned.

The undersigned verifies that the camper is covered by a current accident/medical policy of his/her own or with his/her parents and/or guardian.

As used herein, ***“I’m In, Too”*** basketball camp shall include, but not be limited to, the Upper Arlington School District Board of Education and/or the owners/operators of any gym and/or facility that any activities associated with the camp shall be conducted, the directors of ***“I’m In, Too”*** basketball camp any individuals who have been asked to assist with the ***“I’m In, Too”*** basketball camp any volunteers assisting with the camp, any coaches or players from the Upper Arlington Basketball program who are assisting with the camp, any agents, teachers, employees, or any other volunteers associated with the Upper Arlington School system, and any and all other individuals who are associated with or participating in any way with the ***“I’m In, Too”*** basketball camp.

Printed Name of Participant in
“I’m In, Too” basketball camp

Printed Name of Parent or Legal Guardian
of Participant

Signature of Parent and/or Legal Guardian
of Participant or Adult Participant/Camper

Date

“I’M IN, TOO” BASKETBALL CAMP
EMERGENCY MEDICAL FORM

Thank you for agreeing to participate in this year’s “*I’m In, Too*” basketball camp. Our goal is to try and make the camp an enjoyable and worthwhile experience for all who participate.

While the individuals who are running the “*I’m In, Too*” basketball camp will take all reasonable steps and precautions to make the camp safe, there are inherent risks associated with participation in the camp, and you have signed a separate “Waiver and Release” documenting your understanding of this fact. With this being said, however, in the event that any medical care or assistance may be needed during the camper’s participation at the camp, we want to be prepared to address those needs. Accordingly, please complete the following information:

Printed Name of Camper

Emergency Contact Person for Camper

Cell Phone No./Best No. to reach Contact

Secondary Emergency Contact Person

Cell Phone No./Best No. to reach Contact

Preferred Hospital or Health Care Facility,
if needed

Name of Camper’s Physician

Physician Phone No.

I would like the individuals associated with “*I’m In, Too*” Basketball Camp to know that the camper has the following special medical issues and/or concerns:

Printed Name of Parent and/or Legal Guardian of
Camper or Adult Participant/Camper

Signature of Parent and/or Legal Guardian
of Camper or Adult Participant/Camper

Date