

fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

For and in further consideration of the College accepting Participant, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless the College and its employees, agents and representatives from any and all claims, demands, actions, damages, causes of action, judgments or suits of any kind which may arise out of the Participant's participation in the Camp or out of any good faith action taken in obtaining medical treatment for Participant. **I hereby voluntarily release, waive, and forever discharge any and all claims of negligence against the College that relate in any way to any activity I undertake in conjunction with the Sports Camps, including transportation to and from the Sports Camps.**

In the event that I file a lawsuit against the College, I agree to do so solely in the State of Missouri, and I further agree that the substantive law of Missouri shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

### MEDICAL HISTORY

Is the camper taking any medication? \_\_\_ Yes \_\_\_ No

If yes, please list all medications, dosage, frequency, and any instructions or special needs such as refrigeration. Please be as specific as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the camper under the care of a physician? \_\_\_ Yes \_\_\_ No

If yes, please provide the name and contact information for the physician:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medical conditions, allergies, and/or medically-related dietary needs that the camper has that the staff at College of the Ozarks should be aware of? \_\_\_ Yes \_\_\_ No

If yes, please explain and include instructions for medication, treatment and/or dietary requirements. Please be as specific as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Location

Camps will be held on the campus of College of the Ozarks in the Keeter Athletic Complex. Resident campers will be housed in the Keeter gymnasium balcony. All basketball activity will occur in Keeter gymnasium and Garrison Activity Center. Swimming is an optional evening activity in our pool, located in the Keeter Athletic Complex.

## What to Bring (residents)

All resident campers should bring sheets, pillow and bedding, towels, toiletries, T-shirts, shorts, socks, basketball shoes, swim suit and spending money for snack bar or pizza. Leave valuables at home. The camp is not responsible for lost items. All overnight campers sleep on the balcony floor. Please bring something to sleep on!

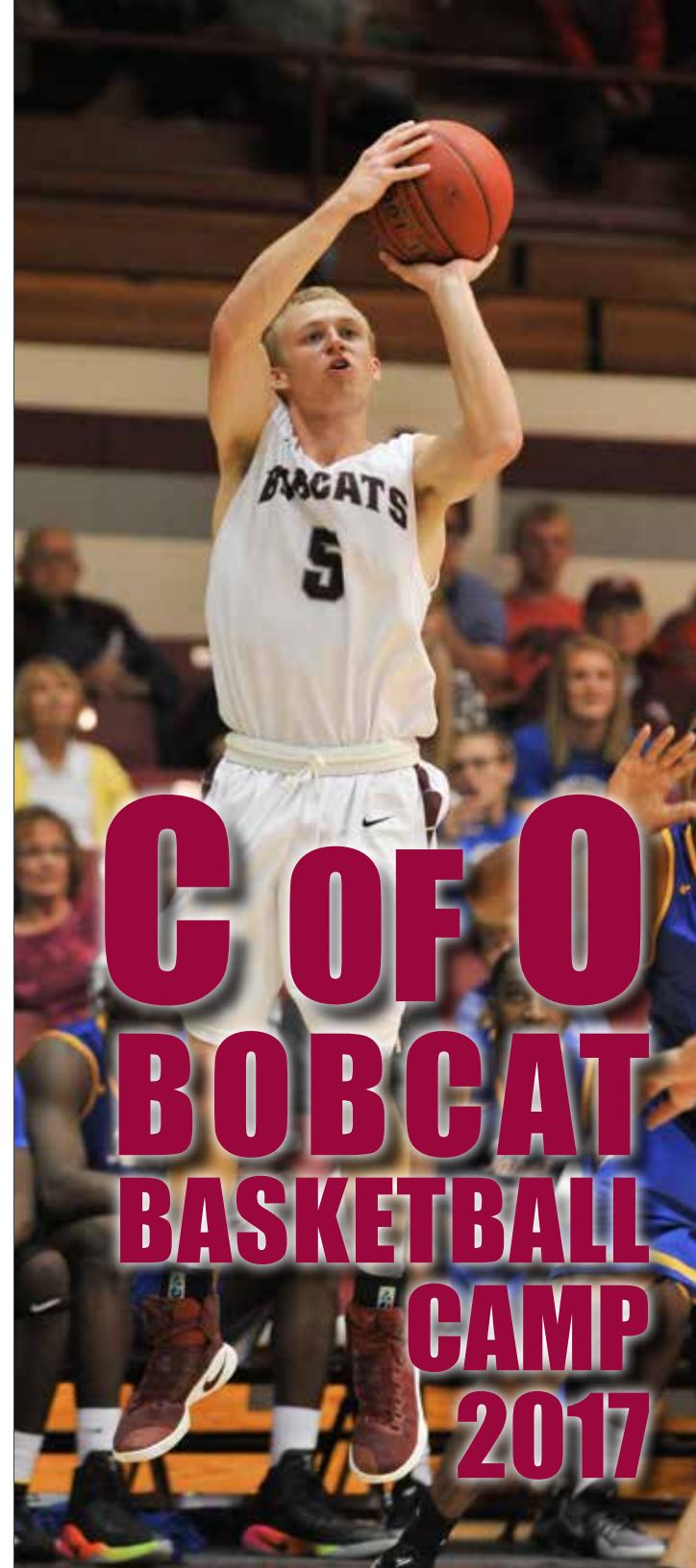
## Meals (overnight campers)

All meals will be served in the C of O dining hall. Resident campers include breakfast, lunch and dinner. Commuter rate includes lunch and dinner.

**No meals are provided for day camp.**



Visit the athletics page at [cofo.edu](http://cofo.edu) for camp application.



# COFO BOBCAT BASKETBALL CAMP 2017

# Day Camp for Grades 2-6

## Week #1 July 10-13

**Registration:** July 10<sup>th</sup> at Noon  
College of the Ozarks  
Keeter Gymnasium

**Sessions:** 1:00 pm to 4:00 pm

**Camp Closes:** 4:00 on July 13

**Early Bird Price:** \$65 (before July 1)

**Walk-up fee** \$75

Our elementary day camp is designed for kids to have fun while learning fundamental basketball skills. The camp incorporates footwork, shooting, and the fundamental drills necessary to become a complete player. There will also be full-court games and various contests. Awards are given at the conclusion of camp at 3:45 on Thursday, July 13<sup>th</sup>. Each camper will also receive a Bobcat basketball and camp t-shirt. Young kids will receive instruction from C of O coaches and players.

# Overnight Camp for grades 7-12 (Jr. High/High School)

## Week #2 July 16-19

**Registration:** July 16<sup>th</sup> at 2:00  
College of the Ozarks  
Keeter Gymnasium

**Sessions:** begin at 3:00 pm  
on July 17

**Camp Closes:** Noon on July 19

This camp is full

Our overnight camp for grades 7-12 has become our most popular camp and usually fills up quickly. This camp is designed to incorporate fundamental skills, drill stations, clinics, contests, guest lectures, and organized team competition. Family members are invited to attend the awards ceremony at the closing of camp at 11:45 on Wednesday, July 19<sup>th</sup>. C of O coaches, players, and area high school coaches combine to provide a safe and effective climate for learning the skills necessary to become a more complete basketball player. Each camper will receive a Bobcat basketball and camp t-shirt.

**Space is limited to the first 120 to sign up.**

# Day Camp for Grades 4-8

## Week #3 July 24-27

**Registration:** July 24<sup>th</sup> at Noon  
College of the Ozarks  
Keeter Gymnasium

**Sessions:** 1:00 pm to 4:00 pm

**Camp Closes:** 4:00 on July 27

**Early Bird Price:** \$65 (before July 10)

**Walk-up fee** \$75

This camp will focus on all of the fundamental skills necessary to become a better player. We will stress shooting philosophies, techniques and drills that will aid in becoming a better shooter. We will also learn offensive teamwork concepts including cutting, moving and screening taught in 3 on 3 and 5 on 5 sessions. We will also cover offensive and defensive team strategies that will help to develop the team concept. C of O coaches and players will teach drills common to the Bobcat program. Parents are invited to attend the awards presentation at the conclusion of camp on July 27<sup>th</sup> at 3:45. Each camper will receive a Bobcat basketball and camp t-shirt.

## Registration, Price and More

**Camp space is limited. Register early!** Application and deposit or full payment should be mailed to Coach Shepherd in a timely manner. The deposit amount is \$50 and is non refundable. The cost of the resident boarding camper includes meals, housing, instruction, Bobcat basketball and camp t-shirt. Non-boarding commuters receive the same except for breakfast. A detailed schedule of the week will be available at registration for the basketball camps. Any overnight camper that drives to camp must turn in their keys to our staff for the duration of the camp. **More information on back panel.**

**Coach Shepherd's contact info is: Phone 417-690-2569 • Email: shepherd@cofo.edu**

A NON-REFUNDABLE \$50 deposit must accompany this application and is applied to the tuition cost. Make check payable to College of the Ozarks.

Mail to: **Steve Shepherd, Athletic Dept.**  
**College of the Ozarks**  
**P.O. Box 17**  
**Point Lookout, MO 65726**

Camper's Name \_\_\_\_\_

Circle T shirt size: **Youth** M L

**Adult** S M L XL XXL

Address \_\_\_\_\_

City, State \_\_\_\_\_

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

Parent Cell Phone ( ) \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Grade (fall 2017) \_\_\_\_ School Attending \_\_\_\_\_

## CAMPS

### Week #1 Day Camp for grades 2-6 July 10-13

Early Bird \$65  Walk-up \$75

### Week #2 Overnight Camp for grades 7-12 July 16-19

*Limited to first 120 campers*

This camp is full

### Week #3 Day Camp for grades 5-8 July 24-27

Early Bird \$65  Walk-up \$75

**College of the Ozarks**

## ASSUMPTION OF RISK, MEDICAL TREATMENT LIABILITY RELEASE, AND WAIVER AGREEMENT

### Acknowledgement of Risk and Release from Liability

I, \_\_\_\_\_, the undersigned parent or guardian, do hereby grant my permission for \_\_\_\_\_ ("Participant") to attend the College of the Ozarks ("the College") Sports Camps and participate in all activities thereof. I acknowledge, understand, and agree that in participating in this activity, there is a possibility of physical injury or illness. I acknowledge participation entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to Participant, to property, or to third parties. I understand that such risks simply cannot be eliminated. Participant and I, on behalf of Participant, expressly agree and promise to accept and assume all those inherent risks.

Participant and I, on behalf of the Participant, further certify that I am willing to assume the risk of any medical or physical condition Participant may have.

I understand that the College does not maintain an insurance policy that would provide coverage in the event that I am injured or cause any injury. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. A copy of the front and back of Participant's insurance card must be attached to this form.

In the event of an injury or illness during these activities, I hereby authorize the College staff and medical providers to administer any medical procedure or treatment which may be deemed medically advisable by the attending medical personnel including, but not limited to diagnostic testing and examination. I understand that the College may proceed with the aforementioned medical procedure or treatment even if I cannot be directly contacted at the time of injury and treatment.

I further acknowledge that the College shall have no financial responsibility for any such medical care provided, and I agree to pay for any and all charges for any such care provided to the Participant. Should the College or anyone acting on its behalf, be required to incur attorney's