

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:

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

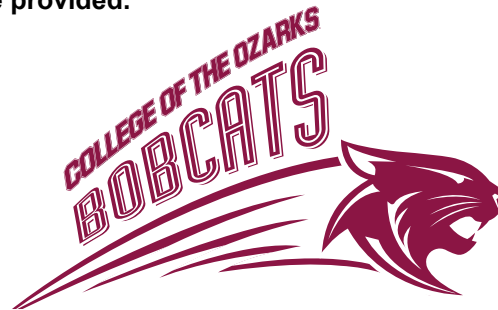
Are there any medical conditions, allergies, and/or medically-related dietary needs that the camper has that the staff at College of the Ozarks should be aware of? \_\_\_Yes \_\_\_No

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

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

**IMPORTANT INFORMATION**

- **Registration** will take place in the lobby of Keeter Gymnasium.
- **The gym is air-conditioned.**
- **Staff members will be on duty at all times.** Staff consists of area coaches and current and former C of O basketball players. A trainer will be available for all sessions.
- **We recommend that each camper be in excellent physical condition.** This not only prevents injuries, but makes the learning process easier. If a camper needs to be taped, she should bring her own tape for the week. Ankle braces are recommended for weak ankles.
- **Lady Bobcat Gear.** Camp T-shirts and shorts will be on sale during each camp.
- **Meals for Camp 1 & 2 will be served in The Pearl Rogers Dining Hall.**
- **Transportation to and from White Water will be provided.**



**A NON-REFUNDABLE \$50 deposit (\$25 elementary) must accompany application. Make check payable to College of the Ozarks.**

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

**Email: [bvest@cofo.edu](mailto:bvest@cofo.edu)**

**Call: 417-690-2574**

**COLLEGE OF THE OZARKS**

**WOMEN'S BASKETBALL CAMP  
2017**

**TEAM WEEKEND OVERNIGHT  
JUNE 8-10**

**INDIVIDUAL OVERNIGHT  
JUNE 18-21**

**ELEMENTARY DAY CAMP  
JULY 10-13**

**VARSITY TEAM CAMP  
JULY 10-13**



**OVERNIGHT CAMPERS ONLY:**

Bring sleeping bag (cot, air mattress, etc.) Sleeping facilities are in the gym balcony.

Also bring pillow, personal hygiene items, swimsuits, towels and washcloths, about 5 changes of clothes, and spending money. There will be a concession stand open during most sessions.

# No. 1 Team Weekend Overnight Camp

**JUNE 8-10, GRADES 9-12**

**Teams must register at least 8 players**

**Team check in June 8, 11:00 am-12:00 pm**

Games: Thursday afternoon & evening  
Friday all day and evening  
Saturday morning and afternoon

**Cost: \$75 per player—lodging, no meals**  
**\$100 per player—lodging with meals**  
*Nonrefundable \$50 deposit required*

Includes T-Shirt

Camper's Name \_\_\_\_\_  
Circle T shirt size: **Youth** S M L  
**Adult** S M L XL XXL  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_  
Parent Cell Phone ( ) \_\_\_\_\_  
Parent Email Address \_\_\_\_\_  
Grade (fall 2017) \_\_\_\_ School Attending \_\_\_\_\_

**Indicate which camp you will attend**

**No. 1 Team Camp – select below June 8-10**

\_\_\_\_ Team Weekend Overnight Camp without meals . . . . . \$75  
\_\_\_\_ Team Weekend Overnight Camp with meals . . . . . \$100

**No. 2 Individual Camp – select below June 18-21**

**This camp has filled**

**No. 3 Elementary Day Camp Grades 2-6 July 10-13**

\_\_\_\_ Early Bird (before June 15) . . . . . \$65  
\_\_\_\_ Walk up registration . . . . . \$75

**No. 4 Varsity Team Evening Camp July 10-13 . . . . \$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 fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

# No. 2 Individual Overnight Camp

**JUNE 18-21, GRADES 7-12**

**Registration June 18, 2:00-3:00 pm**

*Limited to first 125 registered*

Approximate Sessions

Sunday 3:30-5:00 pm, 6:30-8:00 pm  
Monday 9:00-Noon, 1:00-4:00, 6:00-8:00 pm  
Tuesday 9:00-Noon, 1:00-3:00 pm  
Tues. Evening White Water and Pizza Party  
Wednesday 9:00-Noon (camp closes)

This camp is full

**Commuting Camper** No lodging or meals **\$125**  
**Commuting Camper** with meals **\$160**  
**Overnight Camper** Includes lodging and meals **\$180**

Cost includes T-Shirt, Basketball, and White Water

# No. 3 Elementary Day Camp

**JULY 10-13, 9:00-NOON  
GRADES 2-6**

**Registration July 10, 8:00-9:00 am**

Camp will stress fundamentals.

**COST: Early bird before (June 15): \$65**  
**Walk up: \$75**

*Nonrefundable \$25 deposit required*

Includes T-Shirt and Basketball

# No. 4 Varsity Team Evening Camp

**JULY 10-13,  
MONDAY-THURSDAY**

**Registration July 10, 4:00-5:00 pm**

Games 5:00 –10:00 pm each night  
Camp closes 10:00 pm Thursday

\*Each team must have at least 8 players and a coach to supervise their team.

**Cost: \$75 per player**

Includes T-Shirt only; no meals or lodging