

HEISEY COMMUNITY CENTER'S 2024 SUMMER CAMPS

Check camp that child is registering for:

(Please sign you child up for the grade they will be entering in the 2024-2025 school year)

- 1st & 2nd Grade **Girls** Basketball Camp 6/10 – 6/13
10 a.m. – 12 p.m. \$60 per child**
- 5th & 6th Grade **Girls** Basketball Camp 6/10 – 6/13
2p.m. – 5 p.m. \$80 per child**
- 1st & 2nd Grade **Boys** Basketball Camp 6/17 – 6/20
10a.m – 12 p.m. \$60 per child**
- 5th & 6th Grade **Boys** Basketball Camp 6/17 – 6/20
2 p.m. – 5 p.m. \$80 per child**
- 3rd & 4th Grade **Girls** Basketball Camp 6/24 – 6/27
10a.m. – 12 p.m. \$60 per child**
- 7th & 8th Grade **Girls** Basketball Camp 6/24 – 6/27
2 p.m. – 5 p.m. \$80 per child**
- 3rd & 4th Grade **Boys** Basketball Camp 7/8 – 7-11
10a.m. – 12 p.m. \$60 per child**
- 7th & 8th Grade **Boys** Basketball Camp 7/8 – 7/11
2 p.m. – 5 p.m. 80\$ per child**
- 1st/2nd Grade Volleyball Camp 7/15 – 7/18 10 a.m. – 11:30 a.m. \$50 per child**
- 5th/6th Grade Volleyball Camp 7/15 – 7/18 2 p.m. – 5 p.m. \$80 per child**
- 3rd/4th Grade Volleyball Camp 7/22 – 7/25 10 a.m. – 12 p.m. \$60 per child**
- 7TH Grade Volleyball Camp 7/22 – 7/25 2 p.m. – 5 p.m. \$80 per child**
- 8th Grade Volleyball Camp 7/22 – 7/25 2 p.m. – 5 p.m. \$80 per child**

PLAYER'S NAME _____ [] MALE [] FEMALE

ADDRESS _____

CITY _____

GRADE OF 2024-2025 SCHOOL YEAR _____

Medical Conditions _____

SHIRT SIZE: **YOUTH:** [] S [] M [] L **ADULT:** [] S [] M [] L [] XL

PARENT OR GUARDIAN INFORMATION

Mother's/Guardian's Name _____

Cell Ph. _____

Father's/Guardian's Name _____

Cell Ph. _____

CHILD'S HEALTH STATEMENT:

I/We, the undersigned, understand that at a Heisey Community Center's Program(s) physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed under "special challenges/needs") from strenuous activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the Heisey Community Center of any restrictions on my child's activities.

I agree to indemnify and hold the Heisey Community Center and any cooperating agencies involved in the activities and any of their servants, officials, or employees, free and harmless from any liability, loss, cost, or expense including attorney fees, which may result from participation in the activity. I agree that I am fully responsible for payment of all costs resulting from the rendering of medical aid and ambulance services to the listed participant, and I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel. I grant full permission to use photographs, videotapes, recording or any other record of this program for any public relations and/or marketing the Heisey Community Center. By signing below, I agree that I understand and consent to this statement.

PARENT CODE OF CONDUCT:

I agree to treat other participants, coaches, officials, parents, and spectators with respect. I will respect my child's coach and will do my best to get my child to practice and games on time and prepared. I will not use foul language with officials, parents, coaches, spectators, etc. I will recognize that coaches are volunteers and without them there would not be a program for my child to participate in; I will communicate with them and support their decisions. If I find that there are any issues with parents, coaches, etc. I will contact the Heisey Community Center and give them time to resolve the conflict without me taking matters into my own hands. I will make sure that my child also treats parents, coaches, officials, players, and scorekeepers with respect. I understand that if I do not follow this code of conduct that it can result in the removal of me from games, practices, and other Heisey Community Center events.

By signing below, I agree that I understand and consent to the child's health statement and the parent code of conduct.

X _____ DATE: _____

(Signature of Parent or Guardian)

OFFICE USE ONLY

Date RCVD _____ By _____ Cash/MO _____ Check# _____ Scholarship _____ File _____