



2022 STEVENSVILLE BOYS BASKETBALL CAMPS THURSDAY, JUNE 16 - FRIDAY, JUNE 17

TUITION:

Tuition is \$45. Turn in brochure and money to school secretary or Coach Curley.

HEALTH AND SAFETY:

Each camper must provide his own health insurance. Medical Release, Personal History and Insurance Information must be completed on application.

WHERE:

Stevensville High School Gym

WHAT TO BRING:

- Basketball Shoes
- Water Bottle
- Good attitude

BENEFITS:

- One-On-One coaching from HS Coaches
- Fundamentals and Techniques

FOR INFORMATION, CONTACT:

Stevensville Head Basketball Coach
Clayton Curley
406-363-8520
curleyc@stevensville.k12.mt.us
P.O. Box 955, Corvallis, MT 59828

MAKE CHECKS OUT TO:

Clayton Curley

CAMP ATTENDEE INFORMATION

Camper's Name: _____ Age: _____ Upcoming Year in School: _____

Address: _____

SELECT WHICH CAMP YOUR CHILD WILL ATTEND (BASED ON UPCOMING YEAR IN SCHOOL):

1st-4th Grade Youth Camp June 16, 17 • 9:00 AM -11:00 AM

5th-8th Grade Junior High Camp June 16, 17 • 12:00 PM - 2:00 PM

MEDICAL RELEASE FORM/HEALTH HISTORY (MUST COMPLETE MEDICAL RELEASE/INSURANCE INFO, PARENT'S/GUARDIAN'S SIGNATURE REQUIRED ON APPLICATION)

Campers Name:

Camper's Parent/Guardian Name:

Camper's Date of Birth:

Parent/Guardian's Phone Numbers:

Emergency Contact:

PERSONAL HISTORY

(Have they now or ever had in the past?)

Heart Disease YES NO

Heart Surgery YES NO

Muscle Disease YES NO

Epilepsy YES NO

Heart Murmur YES NO

Diabetes YES NO

Occasional Chest Pain YES NO

Dizzy Spells or Blackouts YES NO

Irregular Heart Beat YES NO

Any Chest Pains on Exertion YES NO

Any Chest Pressure on Exertion YES NO

Other: _____

Has your child had any broken, sprained, or bruised bones or muscles in the past six months?

Please list any medications your child is currently taking:

Please list any known allergies to medication:

MEDICAL INSURANCE IS REQUIRED TO ATTEND

(Must be completed to attend camp)

INSURANCE INFORMATION

INSURANCE CARRIER

POLICY HOLDER

GROUP POLICY #

POLICY #

CLAIMS PHONE #

I UNDERSTAND THAT I AM REQUESTING ENROLLMENT IN THE STEVENSVILLE BASKETBALL CAMP. I WILL COMPLY WITH CAMP RULES. MY CHILD HAS PERMISSION TO ATTEND THE STEVENSVILLE BASKETBALL CAMP. IN THE EVENT OF ILLNESS OR INJURY, I HEREBY GIVE MY CONSENT FOR MEDICAL TREATMENT AND PERMISSION TO THE ATTENDING PHYSICIANS TO HOSPITALIZE, SECURE PROPER TREATMENT AND ORDER INJECTIONS, ANESTHESIA OR SURGERY. **MEDICAL INSURANCE IS MANDATORY FOR ALL CAMPERS.**

I UNDERSTAND THE NATURE OF THE STEVENSVILLE BASKETBALL CAMP THAT MY CHILD'S PARTICIPATION IS VOLUNTARY AND THAT I MAY WITHDRAW MY CHILD AT ANY TIME. I HAVE KNOWLEDGE OF THE BENEFITS TO EXPECT AND THE DISCOMFORT AND/OR RISKS WHICH MAY BE ENCOUNTERED, (BROKEN BONES, SPRAINS, STRAINS, HEART FAILURE, HEAD INJURY, ETC.) AND AGREE THAT MY CHILD PARTICIPATE ON THAT BASIS. I HAVE COMPLETED THE MEDICAL RELEASE FROM/HEALTH HISTORY TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THE NATURE OF THE STEVENSVILLE BASKETBALL CAMP DOES NOT PROVIDE INSURANCE COVERAGE FOR PARTICIPATION. AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PLAYER, I HEREBY CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL-BEING OF MY DEPENDENT.

PARENT/GUARDIAN SIGNATURE: _____