



Biloxi High School

Indians Basketball



Summer Sports Camp
May 31st - June 2nd, 2022

9 am to 12 p.m.

Three days of basketball Tue.—Wed.—Thur.

For Boys & Girls - Entering Grades: K - 5th

Instruction from Biloxi High Varsity Players & Coaching Staff

- Basketball Skills Competition
- Free Throw Contest * Hot Shot Competition
- 3 - point shot contest * Fun Group Activities on Last Day
- Prizes awarded to Competition Event Winners!
- Friendship, Competition, Snacks, and Prizes!!!
- **All participants receive a gift for registering**

[Must register prior to May 15th to receive gift]

Biloxi High School's Sports Arena

1845 Tribe Dr., Biloxi, MS. 39532

Cost: \$65 (per Participant/Child)

To register or for more information: Call or email

Calvin Dixon, BHS Girls Basketball Asst. Coach

Email: calvin.dixon@biloxischools.net **Phone:** 228-435-6105 Ext. 2159

Indians Basketball

Biloxi High School - Summer Sports Camp



May 31st - June 2nd, 2022 - 9 am to 12 p.m. - Tue.—Wed.—Thur.

For Boys & Girls - Entering Grades: K - 5th

Cost: \$65 (per Participant/Child)

Athlete's Name: First Name _____ Last Name _____

Birth Date:

Month _____ Day _____ Year _____

Grade: _____ **Gender:** _____

Address:

Street Address: _____

Street Address Line 2: _____

City: _____

State / Province: _____

Postal / Zip Code: _____

Parent/Guardian Name:

First Name: _____ Last Name: _____

Home Number: -Area Code Phone Number _____

Cell Number: -Area Code Phone Number _____

E-mail: _____

Emergency Contact's:

First Name: _____ Last Name: _____

Relationship: _____

Phone Number -Area Code Phone Number _____

Alt. Phone Number -Area Code Phone Number _____

Payment Options:

Checks, Money Orders, and/or Cash

Checks and Money Orders -

*Payable:

Biloxi Hardwood Club

Return registration and payment to:

ATTN: **Coach C. Dixon**

Biloxi High School

1845 Tribe Dr.

Biloxi, MS. 39532

Indians Basketball

Biloxi High School - Summer Sports Camp



May 31st - June 2nd, 2022 - 9 am to 12 p.m. - Tue.—Wed.—Thur.

For Boys & Girls - Entering Grades: K - 5th

Cost: \$65 (per Participant/ Child)

Does the athlete have any allergies, chronic illness, or medical conditions? If yes, please describe.

Is the athlete prescribed an inhaler? If yes, please explain any instructions.

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by/during the selected camp. In exchange for the acceptance of said child's participation, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless any and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Biloxi High school, including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Medical Release and Authorization

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Biloxi High Basketball program and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered events/season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Signature (parent/guardian):

Date: _____

Printed Name:
