

Berg Basketball Buddies

Heidelberg Youth Basketball Clinic



- **NOVEMBER 5TH 1PM TO 4PM**

- **FOR BOYS & GIRLS GRADES 1-8**

- **CAMPERS RECEIVE INSTRUCTION ON FUNDAMENTALS**

- **INSTRUCTION WILL BE PROVIDED BY HEIDELBERG MEN'S BASKETBALL COACHES AND PLAYERS**

- **REGISTRATION BEGINS AT 12 ON NOVEMBER 5TH**

- **\$25 PER CAMPER BEFORE NOV. 1ST**

- **AFTER NOV. 1ST/WALKUP REGISTRATION WILL BE \$30 PER CAMPER**

CAMPERS WILL RECEIVE

- **T-SHIRT**
- **FREE ADMISSION TO THE 12/16 VS MUSKINGUM 1PM MEN'S GAME**
- **HEIDELBERG MEN'S BASKETBALL POSTER**

CAMP HIGHLIGHTS

- **HEIDELBERG PLAYERS WILL HOST A DUNK CONTEST TO CONCLUDE CAMP, JUDGED BY THE CAMPERS**
- **FOLLOWING THE CONCLUSION OF CAMP HEIDELBERG PLAYERS WILL HOLD A FREE POSTER AUTOGRAPH SIGNING FOR ALL CAMPERS**

NAME _____ CHILD'S GRADE LEVEL _____
PARENT/GUARDIAN NAME _____ TELEPHONE-HOME _____ CELL _____
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
PARENT EMAIL ADDRESS _____ SCHOOL _____ SHIRT SIZE - Y OR A _____

I UNDERSTAND THE RISKS AND WAIVE ALL LIABILITY TOWARDS HEIDELBERG UNIVERSITY AND THE BASKETBALL PROGRAM. I AUTHORIZE THE DIRECTORS OF THE HEIDELBERG BASKETBALL CAMP TO ACT ON MY BEHALF TO THEIR BEST JUDGEMENT IN ANY EMERGENCY SCENARIO, INCLUDING, BUT NOT LIMITED TO SITUATIONS REQUIRING DISCIPLINE OR MEDICAL ATTENTION. MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN CAMP ACTIVITIES ACCORDING TO OUR FAMILY PHYSICIAN AND I UNDERSTAND THAT I AM RESPONSIBLE FOR MEDICAL AND DENTAL INSURANCE FOR ANY INJURIES SUSTAINED DURING CAMP SESSIONS.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

APPLICATION FORM MUST BE ACCOMPANIED BY A NONREFUNDABLE DEPOSIT OF \$25 FOR EACH CAMPER
FOLLOWING THE NOV. 1TH DEADLINE IT WILL BE \$30 FOR EACH CAMPER
PLEASE MAKE CHECKS PAYABLE TO: **BERG BASKETBALL CAMP**

MAILING ADDRESS:

310 E. MARKET ST. TIFFIN, OH 44883

PLEASE CONTACT **HEAD COACH ANDY BUCHEIT** AT **419-448-2006** WITH QUESTIONS

PLEASE DETACH THIS REGISTRATION FORM AND RETURN WITH PAYMENT TO THE ABOVE ADDRESS