

# Berg Basketball Buddies

## Heidelberg Youth Basketball Clinic



**- NOVEMBER 10<sup>TH</sup> 9AM TO 12PM**

**- FOR BOYS GRADES 1-8**

**- CAMPERS RECEIVE INSTRUCTION ON FUNDAMENTALS**

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

**- REGISTRATION BEGINS AT 8AM ON NOVEMBER 10<sup>TH</sup>**

**- \$20 PER CAMPER**

**- AFTER NOV. 1<sup>ST</sup>/WALKUP REGISTRATION WILL BE \$25 PER CAMPER**

### CAMPERS WILL RECEIVE

- FREE ADMISSION TO ONE GAME THIS SEASON
- DATE OF GAME: 11-24 V. BLUFFTON
- 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 AN **AUTOGRAPH SIGNING SESSION FOR ALL CAMPERS**

NAME \_\_\_\_\_ CHILD'S GRADE LEVEL \_\_\_\_\_  
 PARENT/GUARDIAN NAME \_\_\_\_\_ TELEPHONE-HOME \_\_\_\_\_ CELL \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PARENT EMAIL ADDRESS \_\_\_\_\_ SCHOOL \_\_\_\_\_

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 \$20 FOR EACH CAMPER FOLLOWING THE NOV. 1<sup>TH</sup> DEADLINE IT WILL BE \$25 FOR EACH CAMPER – WALK UPS ARE WELCOME  
 PLEASE MAKE CHECKS PAYABLE TO: **BERG BASKETBALL CAMP, LLC**

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**