

MEDICAL INSURANCE INFORMATION

Listed is (are) medical condition(s) and allergies the College should be aware of concerning the above registered minor child:

.....

The college should be aware that the above registered minor child is taking the following medications:

.....

Please provide your medical insurance information:

.....

MEDICAL RELEASE

If the above named minor child is in need of medical attention, as the result of either illness or injury, I do hereby give my permission for Kirkwood Community College to provide or see that the necessary care is provided. Additionally, I give the College permission to submit my medical insurance information to any medical provider caring for the above named minor child.

WAIVER AND RELEASE OF LIABILITY

I hereby give my permission as the parent or guardian of the above to participate in Youth Class/Camp Activities at Kirkwood Community College. I acknowledge that Participant is physically and mentally able to participate in these activities and programs. I understand there are certain risks associated with those activities and programs, and I assume the risks to Participant associated with those activities and programs. I understand that I am responsible for insurance coverage for Participant.

I, as an authorized representative of the participant, understand that participation in Youth Class/Camp Activities is conditional upon execution of this Waiver and Release of Liability. In consideration of permission to participate, I agree to defend, indemnify and hold the College and the Kirkwood Community College Facilities Foundation and all of its departments, trustees, directors, officers, servants, agents, employees and applicable media vendors harmless from any and all claims of libel, slander, invasion of the right to privacy or bodily injury, property damage or other incident whether arising out of participation or otherwise.

I accept the above terms and conditions of the Waiver and Release of Liability

Parent or Guardian Signature:

.....

Date

MEET THE COACHES



BRYAN PETERSEN

Head Coach

Kirkwood Men's Basketball

Former Kirkwood All-American



DOUG WAGEMESTER

Athletic Director

Former Kirkwood Men's Basketball

Head Coach



BEN JACOBSON

Assistant Coach

Kirkwood Men's Basketball



TAYLOR BLUM

Assistant Coach

Kirkwood Men's Basketball

2018

BOYS BASKETBALL CAMP

KIRKWOOD PLAY THE GAME

cut here

BASKETBALL CAMP

BOYS ENTERING GRADES 3 – 8 (FALL 2018):

Get solid basketball fundamentals and the tools to improve your game from some of the area's best coaches. Kirkwood's state-of-the-art facilities set the stage for positive, fun learning that will last a lifetime. Participation is limited – **register today!**

BOYS BASKETBALL CAMP (grades 3 – 8)

Section #: CLYO-4000-96886

Date and Time: June 6 – 7, 9 a.m. – 4 p.m.
(Lunch provided.)
June 8, 9 a.m. – noon

Fee: \$135 (Includes camp T-shirt and lunch for two days.)

Place: Michael J Gould Kirkwood Recreation Center, Kirkwood Community College, Cedar Rapids

For more information, contact Lynn Lueck, 319-398-4909 or Lynn.Lueck@kirkwood.edu.

Registrations and payment are due June 1. Camp is limited to the first 120 participants!

Register online at www.kirkwood.edu/ce, search Basketball **CLYO-4000-96886**, or call 319-398-1022 with registration questions.

SHOOTING CAMP

BOYS ENTERING GRADES 5 – 9 (FALL 2018):

This camp is designed specifically to improve the fundamental mechanics of shooting the basketball as well as incorporating high volume, game speed type shots used in today's game. The camp will include: lecturing, drilling, competition and contest shooting – **register today!**

BOYS SHOOTING CAMP (grades 5 – 9)

Section #: CLYO-4000-96885

Date and Time: June 19 – 21, 9 a.m. – noon

Fee: \$75

Place: Michael J Gould Kirkwood Recreation Center, Kirkwood Community College, Cedar Rapids

For more information, contact Lynn Lueck, 319-398-4909 or Lynn.Lueck@kirkwood.edu.

Registrations and payment are due June 15. Camp is limited to the first 80 participants!

Register online at www.kirkwood.edu/ce, search Basketball **CLYO-4000-96885**, or call 319-398-1022 with registration questions.

REGISTRATION FORM

Participant Name _____

Address _____

City, State, Zip _____

Home phone number _____

T-shirt size (youth) M L (adult) S M L XL _____

Date of Birth _____ Age _____

Grade (Fall 2018) _____

Parent or Guardian name _____

Email address _____

Daytime phone number _____

Emergency phone number _____

Alternate emergency contact _____

Alternate emergency phone number _____

SESSIONS

BOYS BASKETBALL CAMP (grades 3 – 8)

- June 6, 7, 8 CLYO-4000-96886 \$135
WTh 9 a.m. – 4 p.m.
F 9 a.m. – noon

BOYS SHOOTING CAMP (grades 5 – 9)

- June 19, 20, 21 CLYO-4000-96885 \$75
TWTh 9 a.m. - noon

Total Sessions _____

Total enclosed \$ _____

**Make checks payable to Kirkwood Community College.
Mail check and registration to:**

**Kirkwood Community College
Continuing Education
6301 Kirkwood Blvd., SW
Cedar Rapids, IA 52404**