



Coe College Athletic Camps Registration Form

PLEASE MAKE SURE THE FORM IS FILLED OUT IN FULL. PARENT/GUARDIAN SIGNATURE AND PAYMENT ARE REQUIRED WITH REGISTRATION.

Coe College Men's Basketball Camps

Name:

Address:

City:

State: Zip:

Phone:

E-mail:

Parent's Names:

Parent's Day Phone:

Grade (entering fall 2010):

School: Age:

Height: Position:

T-shirt size (circle one): YM YL S M L XL

Please check the box for the sessions you wish to attend.

- | | |
|---|---|
| <input type="checkbox"/> Grades K-2 (June 21-24, 2010; 8:30 a.m.-10:00 a.m.; Cost \$55) | <input type="checkbox"/> Competition Camp (July 26-28, 2010; Grades 2-5 9 a.m.-noon; grades 6-10 1-4 p.m.; Cost \$70) |
| <input type="checkbox"/> Grades 3-5 (June 21-24, 2010; 10:30 a.m.-12:30 p.m.; Cost \$70) | <input type="checkbox"/> Shooting Camp I (June 25, 2010; Grades 2-12, 9 a.m.-3 p.m.; Cost \$50) |
| <input type="checkbox"/> Middle School: grades 6-9 (June 21-24, 2010; 1:30 p.m.-4:30 p.m.; Cost \$95) | <input type="checkbox"/> Shooting Camp II (July 29, 2010; Grades 2-12, 9 a.m.-3 p.m.; Cost \$50) |

Cost for all sessions are listed above - a \$25 non-refundable deposit at time of registration.
Full payment is required and non-refundable seven days prior to start of session.

I hereby authorize the staff of Coe Sports Camps to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined above.

I hereby give Coe College permission to publish and release information about the above named minor student, including his/her photograph, to the news media. In addition, I give Coe College permission to publish and copyright photographs and/or video footage of him/her and other information about him/her for any advertising and/or promotion done on behalf of Coe College in any printed or electronic form. I also certify that I am the legal parent or guardian of the above named student and have full right to provide this release.

Parent Name (print):

Parent Signature:

Please submit the completed form with a check payable to **Coe College** to the address below:

Coe College
Kohawk Men's Basketball Camp
1220 1st Avenue NE
Cedar Rapids, Iowa 52402

Have questions? Contact:

Steve Cook
Director of Summer Camps
E-mail: scook@coe.edu
Phone: (319) 399-8849