



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 Women'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 circle the session you wish to attend.

Grades K-9 Camps

- Grades K-2 (June 14-17, 8:30 a.m.-10:00 a.m.; **Cost \$55**)
- Grades 3-5 (June 14-17, 10:30 a.m.-12:30 p.m.; **Cost \$70**)
- Grades 6-9 (June 14-17, 1:30 p.m.-4:30 p.m.; **Cost \$95**)

Guard/Position Player Camps

- Grades 7-9 (July 12-13, 9-11 a.m., **Cost \$60**)
- Grades 10-12 (July 12-13, 9-11 a.m., **Cost \$85**)
- Grades 7-9 (August 2-3, 9-11 a.m., **Cost \$60**)
- Grades 10-12 (August 2-3, 9-11 a.m., **Cost \$85**)

***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 Women'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