

Name _____

Address _____

City, State, Zip _____

Parent's Name _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Child's Age _____ Grade next fall _____

Name of School _____

Indicate which camp you will attend

- | | | | |
|---|------------|---|-------|
| <input type="checkbox"/> Varsity Team Camp | June 14-17 | w/meals | \$120 |
| <input type="checkbox"/> Varsity Team Camp | June 14-17 | no meals | \$75 |
| <input type="checkbox"/> Individual Overnight Camp I (grades 5-8) | June 21-24 | Resident | \$155 |
| <input type="checkbox"/> Individual Overnight Camp I (grades 5-8) | June 21-24 | Commuter | \$120 |
| <input type="checkbox"/> Elementary Day Camp (grades 2-6) | July 6-9 | no meals | \$55 |
| <input type="checkbox"/> Individual overnight Camp II (grades 7-12) | July 12-15 | Now full
and no longer accepting applications. | |

Commuter's rate includes lunch and dinner.

Parents' Release and Indemnity Agreement

I hereby request you accept the application of _____
_____ in the 2009 College of
the Ozarks Basketball Camp during the dates set forth in this appli-
cation; and in consideration of your acceptance of the application, I
hereby release the College of the Ozarks Basketball Camp and Col-
lege of the Ozarks and their employees and agents from all claims
on account of any injuries which may be sustained by my minor
son while attending the 2009 C of O Basketball Camp and its em-
ployees and agents for any claim which may hereafter be presented
by my minor son as a result of any such injuries. I authorize and
provide consent for licensed medical providers of College of the
Ozarks and staff to administer any medical procedure or treatment
which may be deemed medically advisable by the attending medical
personnel including diagnostic testing and examination should my
child become injured or sick during this camp.

Parent/Legal Guardian Signature _____

Total Enclosed \$ _____

A NON-REFUNDABLE \$50 deposit (\$25 elementary) must accompany this application. Make check payable to College of the Ozarks.

**Mail to: Steve Shepherd, Athletic Dept.
College of the Ozarks
P.O. Box 17
Point Lookout, MO 65726**