

Name _____
Age _____ Grade next fall _____
Phone (_____) _____
Address _____
City, State, Zip _____
School _____
Coach _____
Emergency Contact _____
Phone (_____) _____
Email address (optional) _____
T-shirt size (Adult) _____ S _____ M _____ L _____ XL _____ XXL

Indicate which camp you will attend

_____ No. 1 Individual Camp Grades 7-12 June 1-3 \$50
_____ No. 2 Team Weekend Overnight Camp June 4-6 \$75

No. 3 Individual Camp —

Now full and no longer accepting applications.

_____ No. 4 Elementary Day Camp Grades 2-6 July 6-9 \$55
_____ No. 5 Varsity Team Evening Camp Grades 7-12 July 6-9 \$75

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
child 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 child 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 application. Make check payable to College of the Ozarks.

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