

**SUMMER BASKETBALL SCHOOL
MEDICAL RELEASE FORM**

To Be Filled Out by Parent or Guardian of Camper.
*Please fill out both sides of this form. (Please Print)

Name of Camper _____

In case of emergency, please contact:

Name _____

Relationship _____

Phone number of emergency contact _____

- 1. Allergies No Yes
- 2. Asthma No Yes
- 3. Diabetes No Yes
- 4. Epilepsy No Yes
- 5. Fractures No Yes
- 6. Bleeding Disorders No Yes
- 7. Heart Condition No Yes
- 8. Head Injury No Yes
- 9. High Blood Pressure No Yes
- 10. Seizures No Yes

Please explain any conditions or limitations that were checked **Yes:**

- 1. In consideration for accepting my child into the Mick Cronin Basketball Camp, which uses University of Cincinnati facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the camp. I also certify that I have health insurance, which provides adequate coverage for injuries or illness my child may sustain while participating in the Mick Cronin Basketball Camp.
- 2. By my signature below, I also agree to release and promise not to sue the State of Ohio, the University of Cincinnati, Mick Cronin LLC, or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in the Mick Cronin Basketball Camp, unless such damages, loss, injury or death are caused by the gross negligence or intentional gross misconduct of such employees and agents.
- 3. By my signature below, I hereby give permission for the Mick Cronin Basketball Camp and its employees and agents to obtain medical treatment for my child, in the event of accident or illness during his/her presence at camp.
- 4. By my signature below, I hereby give consent to have my child be photographed or video/audio taped during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by the Mick Cronin Basketball Camp.
- 5. I understand that a risk of participating in any sport, including the Mick Cronin Basketball Camp, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the summer camp coaches or assistants as soon as the problem begins.
- 6. By my signature below, I certify the following:
 - a. That my child is not currently under the care of a physician for an injury, or illness that would prevent his/her safe participation
 - b. That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation.
 - c. That my child has no history of fainting or other problems related to strenuous exercise; and
 - d. That my child is in good health and there is no reason he/she cannot safely participate in strenuous physical activity.

Parent/Guardian's Signature _____ Date _____

Mick Cronin Basketball Camps
2751 O'Varsity Way, Suite 680
Cincinnati, OH 45221-0021



"Individualized instruction in a small group setting"

Summer Basketball School

at the University of Cincinnati

Boys and Girls entering Grades 5 thru 9



SUMMER BASKETBALL SCHOOL HIGHLIGHTS

- Work with UC Basketball staff and current players.
- Sessions will be held in Fifth Third Arena. We will also utilize our new weight room and practice gym in the Lindner Center connected to Fifth Third Arena.
- Individualized program designed specifically for you.
- Get one-on-one attention, learning many of the same techniques and doing the same drills as the Bearcats.
- We will develop an individualized plan that will turn your weaknesses into strengths, and your strengths into unstoppable skills.
- Each session meets one day a week and lasts for four weeks.
- Each session is 1 ½ hours of intensive training in small group settings, ensuring a lot of individual attention from the coaching staff.

Cost

- \$100 per camper

THE BEARCAT COACHING STAFF



Larry Davis
Associate Head Coach



Chris Goggin
Assistant Coach



Tony Stubbelfield
Assistant Coach



Chris Shumate
Director of Basketball Operations

For more information call
513-556-5847

SUMMER BASKETBALL SCHOOL SCHEDULE

Session #1 Meets every Tuesday from 6:00 pm to 7:30 pm
July 14, 22*, 28, & August 4

Session #2 Meets every Tuesday from 7:30 pm to 9:00 pm
July 14, 22*, 28, & August 4

**Due to the NCAA Dead Period the session normally scheduled for July 21 was moved to July 22*

Session #3 Meets every Thursday from 6:00 pm to 7:30 pm
July 15*, 23, 30, & August 6

Session #4 Meets every Thursday from 7:30 pm to 9:00 pm
July 15*, 23, 30, & August 6

**Due to the NCAA Dead Period the session normally scheduled for July 16 was moved to July 15*

Session #5 Meet every Tuesday from 6:00 pm to 7:30 pm
August 11, 18, 25, & September 1

Session #6 Meet every Tuesday from 7:30 pm to 9:00 pm
August 11, 18, 25, & September 1

Session #7 Meets every Thursday from 6:00 pm to 7:30 pm
August 13, 20, 27, & September 3

Session #8 Meets every Thursday from 7:30 pm to 9:00 pm
August 13, 20, 27, & September 3

Every student at the Summer Basketball School may also schedule a 30 minute skill assessment any time after enrolling until the first day of their session. This skill assessment will allow us to even better prepare an individualized plan for their development and also determine goals for their training.

Campers may enroll in multiple group sessions, if they want additional training. All of our training is based off your individual needs and goals, so you never have to worry about any one session being exactly the same.

SUMMER BASKETBALL SCHOOL APPLICATION

Name of Camper _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

E-mail _____

School _____

Grade (Fall 2009) _____

Height _____

I have won an athletic letter since entering the 9th grade

Yes No

Please select the session(s) attending:

Session #1 Session #5

Session #2 Session #6

Session #3 Session #7

Session #4 Session #8

Enclosed is \$_____ for my child's enrollment.

Mail check and application to:

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