

**MOBERLY AREA COMMUNITY COLLEGE
SUMMER BASKETBALL CAMP
June 17-21, 2024
8:30 AM-4:00 PM**

Name of Camper _____
Home Address _____ City _____ State _____ Zip _____
Email Address _____
Age _____ Grade(24-25) _____ School _____
Mother _____ Cell Phone _____
Father _____ Cell Phone _____
Emergency Phone Number _____
T-shirt size _____ (YS/YM/YL/AS/M/L/XL/XXL)
Insurance Information:
Company _____
Policy # _____
Group # _____

Upon acceptance of this application and in exchange for the benefit my minor child will receive for participation in Greyhound Basketball Camps I agree to release Moberly Area Community College, it's Board of Trustees, officers, employees and basketball coaching staffs from all claims on account of injuries or losses which may be sustained by my minor child while attending camp. I agree to indemnify the MACC Board of Trustees, and employees from any claim which may be presented by my/our minor child in the future resulting from attending camp. I agree to allow MACC and it's Camp Staff to seek medical treatment for my child if necessary. I understand that any camper who does not abide by camp rules may be dismissed from camp with no refund.

Parent Signature _____ Date _____

Please return application with \$150 (\$125 each if 2 or more family members):

Patrick Smith
Head Men's Basketball Coach
Moberly Area Community College
101 College Avenue
Moberly, Missouri 65270-1304

Make checks payable to Moberly Area Community College

