

## **Chico High's Boys Basketball**

- **Individual Fundamental Instruction in Offensive & Defensive Skills**
- **Team Fundamental Skills**
- **Features CHS Coaching Staff & Players**
- **Daily Game Competition**



**CHS PANTHERS**

## **22<sup>nd</sup> Annual PANTHER BASKETBALL CAMP**



### **CHICO HIGH SCHOOL**

**June 10 - June 13**

**8:30 am- 12pm**

**Gym opens at 8:00**

**5<sup>th</sup> to 9<sup>th</sup> Grade**

PANTHER BASKETBALL CAMP

**June 10-13**

# APPLICATION

The **Panther Basketball Camp** features CHS Coaching Staff and the members of the Chico High School Boys Basketball Program. Campers will be given instructions in individual and team fundamentals of the game, as emphasized in the Panther Basketball Program. Competitive games will be conducted daily. The camp is open to all boys and girls going into 5<sup>th</sup> through 9<sup>th</sup> grade for the 2019-2020 school year. All proceeds go to the Panther Basketball Program.

**Checks payable to:**  
**CHS Boys BASKETBALL**  
Cost is \$80.00 Session One (4 days)

\*Campers may participate on a prorated basis at \$20 per day.

**Camp Registration:**  
You may register prior to camp or register any day that camp is in session

**Location**  
Chico High Gym  
**Time:**  
8:30 a.m.–Noon (Gym opens daily at 8:00 a.m.)

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Grade (in 2019-2020) \_\_\_\_\_  
Age \_\_\_\_\_ Height \_\_\_\_\_  
E-mail \_\_\_\_\_

Shirt size (Adult) S M L XL

I hereby authorize the Personnel of the Panther Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release **PANTHER BASKETBALL CAMP** from any and all liability for any injuries and illness incurred while at **PANTHER BASKETBALL CAMP**. I will be responsible for any medical in connection with my child's attendance. I know of no medical or other physical problem which may affect my child's ability to safely Participate in this program. Please note any medical conditions that we should be aware of:

**Return Application to:**  
Panther Camp  
Attn: Abe Simmons  
950 Spruce Ave  
Chico, CA 95926  
For questions please call  
(530)864-8514  
Mon-Fri 7:30am-7pm or email  
Abe Simmons asimmons@chicousd.org

\_\_\_\_\_  
Parent's Signature      Date  
Local Physician \_\_\_\_\_  
Phone # \_\_\_\_\_  
Child's Insurance Company  
\_\_\_\_\_  
Policy # \_\_\_\_\_  
In case of Emergency Contact:

\_\_\_\_\_ Phone \_\_\_\_\_

**VOLUNTARY ACTIVITIES PARTICIPATION FORM  
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK  
CHICO UNIFIED SCHOOL DISTRICT**

Name of Participant	
Description of Camp/Activity	
Date(s)	
Medical Insurance Carrier and Policy Number	
Emergency Contact Name & Phone Numbers	

I authorize the above participant to participate in the described activities shown. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

**I understand, acknowledge, and agree that the CHICO UNIFIED SCHOOL DISTRICT, its elected or appointed officials, employees, agents, and volunteers shall not be liable for any injury/illness suffered by the participant which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused, in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.**

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

\_\_\_\_\_  
Parent/Guardian Signature if Participant **under** 18 years old      Date

\_\_\_\_\_  
Student/Adult Signature if Participant **over** 18 years old      Date

**Note: A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the CHICO UNIFIED SCHOOL DISTRICT before participating in the above camp/activity.**