

Summer Hoops 2010

Dear Participant

[] July 11-15 or [] July 25-29

You have been extended an invitation to attend CTA's **Summer Hoops 2010**. This event has been provided for all potential and current CTA students from grades **6th through 9th July 11-15 and July 25-29 for 8th through 12th**. The activities of the camp will include conditioning, skills training, fun basketball activities, game play and guest speakers. Please RSVP by returning this form with the signed waiver, check or money order if you plan to attend. For any special arrangements or questions, call Mr. Just or Mr. Simons at 817-558-4404, or call Mr. Sickler at 817-308-9049.

LIMITED to first 60 participants per camp

Cost: \$60 per camper (includes camp shirt and extras)

Schedule: July 11 - 15, 6 p.m. - 9:30 p.m. (5 nights) 6th through 9th grade

July 25 - 29, 6 p.m. - 9:30 p.m. (5 nights) 8th through 12th grade

Summer Hoop Camp eligibilities

- Students of **all skill levels** from grades 6th - 9th and 8th - 12th are invited to attend.
- Students **do not have to be an athlete** to attend you will be grouped for all abilities.
- Speakers and special guests are planned for each evening.

Sincerely,



Jim Sickler

Participant's Name **Must Be Printed on First Line Below**

CTA HOOP CAMP

WAIVER AND MEDICAL RELEASE

I, as parent or guardian with legal responsibility for _____ (the minor "Participant"), desire to have the Participant voluntarily participate in the CTA Hoop Camps on July 11-15 and July 25 - 29, 2010 and in other such activities held in conjunction with or considered a part of such Hoop Camp (all collectively referred to herein as the "Activities"), realizing that injuries and accidents sometimes result. In consideration of the opportunity of Participant to participate in the Activities, I, on behalf of the Participant, the Participant's parents and family, and all of the Participant's agents, personal representatives, next of kin, heirs, successors and assigns, and/or any other person or entity affiliated therewith (the "Waiving Parties"), do hereby expressly and knowingly assume all risk of injury and do hereby expressly agree to forever discharge, release, defend, indemnify and hold harmless Chisholm Trail Academy from and against all loss, liability, obligation, damage, cost, demand, suit, action, judgment or expense whatsoever (including reasonable attorneys fees and court costs), whether known or unknown, accrued or contingent, that the above noted Participant may have or contend to have on account of any injury, including permanent disability, death or damage to property, caused by or alleged to be caused in whole or in part as a result of participation in the Activities, including all claims arising out of negligence or gross negligence of Releases. I further authorize Releases to obtain emergency medical treatment for Participant, including, if necessary, surgical procedures, if Participant is injured while participating in the Activities and, after reasonable attempt under the circumstances, Releases are unable to contact me. All Waiving Parties understand that Releases may not be able to contact a parent or legal guardian under emergency circumstances. With my signature below, I expressly declare that I have carefully read this WAIVER AND MEDICAL RELEASE and fully agree to its content and meaning. I have no knowledge of any physical impairment that would be affected by the Participant's participation in the Activities other than: _____

Parent or Guardian

Signature: _____ Date: _____

Printed Name: _____

Emergency Phone

Comments: _____