



Boys Basketball Prospect Clinic

Thursday, August 20, 2009 · 10:00am-5:30pm

Cornell University · Newman Arena

Cost: \$40

REGISTRATION FORM

First Name: _____ Last Name: _____

Height: _____ Position: _____ Year in School (2009-10): _____

High School : _____ DOB: ____/____/____

Parent(s)/Guardian(s): _____

Home Address: _____

City: _____ ST: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

PAYMENT INFORMATION

- Check (Payable to: *Cornell University*)
- Credit Card (Visa, Mastercard, Discover)

Card Number: _____

Expiration: ____/____

Amount to charge: \$ _____

Cardholder Signature _____ Date _____

Return completed form to:

Mail: **Cornell Sports School**
103 Bartels Hall, Campus Rd
Ithaca, NY 14853

Fax: 607-254-2981

Phone: 607-255-1200

REGISTRATION DEADLINE:

FRIDAY, AUGUST 14

OPEN TO PLAYERS GRADES 9-12

INCLUDES LUNCH & JERSEY



Boys Basketball Prospect Clinic

Thursday, August 20, 2009

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SCHEDULE OF EVENTS

- 10:00am - 11:00am** Registration *at Bartels Hall*
Introduction to Cornell Basketball
- 11:00am - 1:30pm** Morning Session *at Newman Arena in Bartels Hall*
- 1:30pm - 3:00pm** Lunch (*provided*)
Guest Speakers
- 3:00pm - 5:30pm** Afternoon Session *at Newman Arena in Bartels Hall*
- 5:30pm - 5:45pm** Closing Remarks/*Pick-Up from Bartels Hall*

Please bring: basketball shoes, work-out clothes, water bottle.

The ***Hold Harmless/Parental Permission*** form must be completed in order to participate.

Cornell Sports School
103 Bartels Hall, Campus Rd
Ithaca, NY 14850
Phone: 607-255-1200
Fax: 607-254-2981
www.athletics.cornell.edu

CORNELL SPORTS SCHOOL

PARENTAL PERMISSION - HOLD HARMLESS AGREEMENT

Campers **WILL NOT BE ALLOWED TO PARTICIPATE** without this completed form!

CAMPER NAME: _____

CAMP(S) ENROLLED IN: BOYS BASKETBALL PROSPECT CLINIC – AUGUST 20, 2009

1. I give permission for my child to go swimming in Cornell's swimming pools. _____ (initial if permitting)
2. I am aware of the inherent dangers and risks involved in Sports School including, but not limited to: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Additional risks include, but are not limited to:
 - a. Being hit or struck by sports equipment (bat, ball, stick, club, racquet, puck, helmet).
 - b. Being hit, struck, physically challenged or collision with other School participants
 - c. Collision with camp facilities (floor, goal, backboard, ground, pool, diving board, rink, ice, mat).
 - d. Immersion in water (drowning).
3. I understand that due to the nature of the sport of wrestling, contagious skin infections may occur. I agree that my child is responsible for personal hygiene, including showering after each session and washing with disinfectant soap which will be provided by Cornell. Furthermore, I agree that my child must report any skin infection to the camp medical staff for diagnosis, and to help prevent its spread as a result of body to body contact. I understand that in the event of a skin infection, my child will not be permitted to physically participate in wrestling sessions until free of all contagious infections and that observing sessions constitutes a learning experience. I agree that no refund will be issued if my child remains at camp and does not participate due to an infection.
4. In the event of an injury or illness, I give permission for my child to be treated by the Cornell Sports School medical staff, Cornell Health Services staff, and Ithaca emergency room staff at the Cayuga Medical Center or Convenient Care Center. I also give permission for the medical staff to administer any medications as indicated on his/her medical form.
5. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Cornell University, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the sole negligence of Cornell University.
6. I understand that my child, if issued a room key, is responsible for keeping his/her room locked when leaving it. Furthermore, I agree that Cornell University is not responsible for personal belongings lost or stolen as a result of my child not locking his/her residence hall room.
7. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.
8. I understand that Cornell University does not provide any accident or medical insurance and that I am required to provide it for my child, and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. **NOTE: Your child will not be allowed to participate in our camps unless your medical insurance provider and policy number is provided below.**

Medical Insurance Provider: _____ Policy No. _____

Parent or Guardian (please print)

Signature of Parent or Guardian

Date

Cell Phone/Emergency Phone: (_____) _____