



**Evansville Basketball Academy**

2800 Kotter Ave.  
812.476.6654

Evansville, IN 47715  
[www.ebahoops.com](http://www.ebahoops.com)

# **Thanksgiving Camp 2021**

**2 different sessions on Friday the 26<sup>th</sup>**

**Session I will run from 9:00 -11:00am and will focus on FUNdamental instruction, game play, contest and lots of FUN. Ideal for grades 2-5. Cost is \$35**

**Session II will run from 12:30 – 3:00pm and will utilize a combination of our Next Level Workouts & Advanced Shooting Workouts skill development as well as some game play. Ideal for advanced players 5<sup>th</sup> grade and up. Cost is \$40**



## Camp Application & Waiver

Name of Camp: \_\_\_\_\_

Date of Camp: \_\_\_\_\_ Time of Camp: \_\_\_\_\_

Students Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Boy/Girl: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Parent/Guardian:

Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

I, the undersigned, realizing that there is a risk inherent in any recreational and competitive activity, and in consideration of me (my child) being allowed to participate in this activity, I assume all risks in connection with this activity. I further agree to release, indemnify, and hold harmless the Evansville Basketball Academy LLC, its officers, officials, coaches, employees, and agents from any and all claims and liabilities of any type whatsoever, and for damages to, loss or destruction of any property or injury, sickness, or death which may now or hereafter arise out of, result from, or in any way be connected with my participation in this activity. I understand it is my responsibility to obtain health insurance. I grant Evansville Basketball Academy LLC permission to seek medical treatment for myself (my child) in the event I am unavailable or unable. I acknowledge that Evansville Basketball Academy LLC, may utilize my name, address, and likeness and hereby waive all rights to compensation for their use in the promotion and operation of Evansville Basketball Academy LLC. I further state that I am of lawful age and legally competent to sign this release, that I understand the terms herein are contractual and are not mere recital; and that I have signed this document of my own free act.

Signature (Parent/ Guardian): \_\_\_\_\_ Date: \_\_\_\_\_