



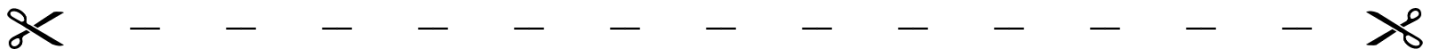
2022 Basketball Camp Registration Form
Ohio Eagles Basketball Camp || Powered by Huntsman Elite

We are excited to be partnering with one of the top basketball trainers in Ohio, Huntsman Elite.

Huntsman Elite is an elite faith-based training program that prides themselves in impacting the total player. This elite camp will work on ball handling, shooting, footwork, defense and more. This camp will be for all levels. Beginners, intermediate and advanced. If you want to take your game to the next level, get signed up at Ohioeagles.com. Limited spots and they will fill up fast. So get registered as soon as possible. This camp is open to all students 6th – 12th Grade.

Camp Dates: July 19th & 20th
Camp Times: 9am-11am Girls /12pm-2pm Boys
Eligible Grades: 6th thru 12th
Cost: \$40/family
Address: 701 N. Main Street, Alger, OH 45812
Registration Deadline: July 12th

Bring your own ball and a water bottle. Come prepared to have a great time.



Parent/Guardian Name: _____ Phone: _____

Mailing Address: _____

Please mail check, registration and release form to: **1075 Lawrence Road, Harrod, OH 45850**

Please Make Checks Payable To: Ohio Eagles

-OR- If you are able/prefer, scan and send completed form to AD@ohioeagles.com and the fee can be paid by sending money via online/mobile app:

venmo [@ohioeagles](https://www.venmo.com/@ohioeagles) (Lori Staley) -or- **Cash App** [\\$ohioeagles](https://cash.app/$ohioeagles) (Lori Staley)

Player Information:

Name: _____ Age: _____ Grade: _____ Gender: _____

Name: _____ Age: _____ Grade: _____ Gender: _____

Name: _____ Age: _____ Grade: _____ Gender: _____

Name: _____ Age: _____ Grade: _____ Gender: _____

Participant Release Form

I (we) give permission for _____ to participate in this athletic sport. He/she is in good physical shape and understands that this sport will put physical demand on his/her body.

I (we) will not hold Home Education Athletic Teams (HEAT), coaches, participants and associated persons liable should an injury occur while participating in this athletic competition should it be by accident or foul play.

I will provide my own health and accident insurance and/or retain full responsibility for my child.

I (we) also authorize the above to approve medical attention if it is necessary.

Parent Signature

Date

Parent Name (please print)

(1) _____
Participants Name (please print)

Address

(2) _____
Participants Name (please print)

City, State, Zip Code

(3) _____
Participants Name (please print)

Phone Number

(4) _____
Participants Name (please print)

In case of emergency, please notify

Name

Address, City, State, Zip Code

Phone Number

If Additional participants list below: