



BOBCAT BASKETBALL SUNDAY SESSIONS
Boys in Grades 2nd-8th | 4pm-6pm
Sunday, September 17th, September 24th, October 1st and October 8th

Located on the Bobcats' home court in Chambers Hall Gymnasium, these sessions are designed to teach all players the fundamental skills as well as dynamics of teamwork and sportsmanship needed to play basketball at all levels. Campers will be divided into groups based upon age and skill level. Attention is given each session to ball handling, shooting, defense, passing, and games.

REGISTRATION

- Registration is **\$80** total. All campers will receive a t-shirt.
- \$70 per camper if multiple children from the same household sign up
- A \$15 discount is available for Parents/Guardians who are University of Pittsburgh at Greensburg employees

Use the Reply Envelope to mail the completed form below and Health Information/Waiver on page 2 with a check made payable to Pitt-Greensburg Men's Basketball to the following address:

University of Pitt-Greensburg
 Attn: Chris Klimchock, MBB
 150 Finoli Drive, Greensburg, PA 15601

CAMP COACHES/STAFF

Current Pitt-Greensburg basketball coaches and players will lead the clinic. An Athletic Trainer will be on site during camp.

Receive a Pitt-Greensburg Basketball t-shirt with your registration.

Registration will not be complete until forms and payment are received. We are excited to have you on campus!

Cut along this line

BOBCAT SUNDAY SESSIONS REGISTRATION FORM

CAMPER NAME: _____	AGE: _____	T-SHIRT SIZE (PLEASE CIRCLE):
ADDRESS: _____	_____	YS YM YL S M L XL 2XL
CITY: _____	STATE: _____	ZIP: _____
PARENT/GUARDIAN NAME: _____	P/G EMAIL: _____	
SCHOOL: _____	P/G PHONE: _____	
2023 FALL SCHOOL GRADE: _____	DATE OF BIRTH: _____	

Mail registration, health information/waiver form, along with check (payable to Pitt-Greensburg Men's Basketball) to University of Pittsburgh at Greensburg, ATTN: Chris Klimchock, MBB; 150 Finoli Drive, Greensburg, PA 15601
 (** Once payment is received, confirmation and additional information will be sent via email.**)



RELEASE

This is a legally-binding Release, Waiver, Discharge and Covenant Not to Sue made by me/us to the University of Pittsburgh - Of the Commonwealth System of Higher Education ("University") and to others.

It is my/our minor child's desire to participate in a basketball camp in, around and/or on the Pitt-Greensburg campus, Greensburg, PA, on September 17th, September 24th, October 1st and October 8th ("Activity"). I/We fully recognize that there are dangers and risks to which my/our minor child, named below, may be exposed by voluntarily participating in the Activity. Examples of these dangers and risks are injuries or conditions including, without limitation, damage to bone, muscle, nerve and/or soft tissue, lacerations, abrasions, contusions, fractures, concussion, aggravation of pre-existing conditions, heart complications, heart attack, as well as other injuries or conditions, up to and including serious physical injury or impairment or loss of life. I/We appreciate the character of the risk taken and, on behalf of my/our child, voluntarily assume all risk of harm. I/We understand the University does not require my/our child to participate in the Activity, but I/we want him/her to do so, despite the possible dangers and risks and despite this Release.

I/We therefore agree to assume and take on myself/ourselves all of the risks and responsibilities in any way associated with his/her participation in the Activity. In consideration of and return for the opportunity to participate in the Activity and for the services, facilities, equipment or other things provided to me/us or my/our child by the University, I/WE HEREBY RELEASE THE UNIVERSITY, (AND ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, VOLUNTEERS, CONTRACTORS AND AGENTS) (COLLECTIVELY THE "RELEASEES") FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO MY/OUR CHILD, UP TO AND INCLUDING DEATH, AND FROM DAMAGE TO MY/OUR/HIS/HER PROPERTY, IN CONNECTION WITH PARTICIPATION IN THE ACTIVITY. I/WE UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT OF THE RELEASEES, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE.

I/We recognize that this Release means I/we are giving up, among other things, rights to sue the Releasees for injuries, damages or losses I/we and my/our child may incur. I/We also understand that this Release binds my/our heirs, executors, administrators and assigns, as well as myself/ourselves.

Further, I/we agree to defend, indemnify and hold harmless the Releasees from and against any suit, action, cause of action, demand, judgment, claim, damage, liability, injury, expense or loss, including but not limited to, reasonable attorney fees, initiated by my/our child, or any other person, arising in any way out of my/our child's participation in the Activity.

I/We assure the Releasees that, to the best of my/our knowledge, information and belief, my/our child is physically able to participate in the Activity without any undue or unusual risk to him/her or to others. I/We acknowledge that the Releasees have recommended that my/our child consult with, have a physical examination conducted by, and follow the related instructions of a physician before he/she engages in the Activity.

Finally, I/we understand and agree that the Releasees may need to respond to accidents or emergency situations that may occur. Therefore, I/we hereby give my/our consent to the administration of any and all medical treatment of my/our child the Releasees deem necessary resulting from his/her participation in the Activity, with the understanding that the costs of any such treatment will be my/our responsibility. I/We have full authority to make and to delegate decisions regarding my/our child's health.

I/We are at least eighteen years of age and have read this entire Release. I/We fully understand it and I/we agree to be legally bound by it.

**THIS IS A RELEASE OF YOUR RIGHTS.
READ CAREFULLY BEFORE SIGNING.**

Signature

Witness

Printed Name

My/Our child's full name is: _____

Date

HEALTH INFORMATION

Health Insurance Company: _____

Policy Number: _____

Practicing Physician: _____

Phone: _____

Medications/Times to be Taken: _____

Allergies: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Emergency Contact Relation: _____

Photography Release

Pictures and videos are taken during camp that may be used in promotional brochures, on Pitt-Greensburg websites, in the local news, or by other media outlets. We would appreciate permission for your child to be photographed while attending Pitt-Greensburg Summer Camps.

Yes No Parent/Guardian Signature _____