

2024 Purple and Gold Summer Basketball Camp

July 15 - July 18

Session 1 - Grades 3-5: 9:00 - 11:00 a.m.

Session 2 – Grades 6-8: 12:00 - 2:00 p.m.

Cost: \$100 (*add late fee of \$10 if paying after June 25*)

Location: LaSalle Springs Middle School

Camps will be directed by Eureka Boys Head Basketball Coach, Austin Kirby and members of the EHS basketball staff.

Mail check &/or registration to: Austin Kirby 603 Thorntree Lane, Eureka, MO 63025

Checks payable to: **SJM RESOURCES, LLC**

Or

Register Electronically: Scan the QR code and send payment+waiver to the address listed above.



Contact Coach Kirby with any questions: kirbyaustin@rsdmo.org

Camp is not sponsored by Rockwood School District

2024 Summer Basketball Camp

Child's Name: _____ Parent's Name: _____

Address: _____ Zip _____ Phone: _____

Grade _____ (24/25) LastSchoolAttended: _____

Email: _____ T-shirt Size (Circle One—Adult Sizes) S M L XL XXL

Please select each session attending: (Youth Sizes) S M L

Session 1 (Grades 3-5) _____

Session 2 (Grades 6-8) _____

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19, DELTA, AND OMICRON VARIANTS; AND INDEMNITY/HOLD HARMLESS AGREEMENT AND MEDICAL AUTHORIZATION

In consideration of being allowed to participate in Flag Football/Camps sponsored by SJM Resources LLC, which is not affiliated with the Rockwood School District, the undersigned acknowledges, appreciates, certifies, that I being the parent or legal guardian agree to the following:

1. The participation of my child/ward includes possible exposure to and illness from infectious diseases, including but not limited to MRSA, Influenza, Covid-19, Delta and Omicron Variants. While particular rules and discipline may reduce this risk, the risk of serious illness, injury, and possible death does exist.
2. If my child/ward has pre-existing health conditions, exposure to Covid-19, Delta or Omicron Variants or any other infectious disease, may more likely cause serious illness, injury, or possible death.
3. SJM Resources LLC cannot insure that all other participants, including coaches and volunteers, are taking precautionary measures to mitigate risks to ensure the health and safety of other participants, coaches, and volunteers. Therefore participation in Flag Football/Camps involves risk of exposure to infectious disease/injuries.
4. MY CHILD/WARD KNOWINGLY AND FREELY ASSUMES ALL RISKS, both known and unknown EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, and assumes full responsibility of their participation.
5. I certify that my child/ward has not recently tested positive for, and is not exhibiting symptoms of Covid-19, Delta, or Omicron Variants, which include a cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, chills, fatigue, body aches, nausea, fever, vomiting or diarrhea, runny nose or congestion, and or sore throat.
6. I certify that my child/ward has not been exposed recently to someone who has tested positive for, or exhibited the above referenced symptoms of Covid-19, Delta, or Omicron Variants.
7. My child/ward willingly agrees to comply with the recommendations of all employees, coaches, and volunteers of SJM Resources LLC to ensure safe play. If however, they observe any unusual or significant hazard during their presence or participation, they will remove themselves from participation and report such hazard to the nearest employee, coach, or volunteer of SJM Resources LLC.

8. My child/ward and on behalf of their heirs, assigns, personal representative, and next of kin HEREBY RELEASE AND HOLD HARMLESS SJM RESOURCES LLC, and its officers, agents, employees, coaches, volunteers, other participants, and the Rockwood School District, (COLLECTIVELY THE "RELEASEES") WITH RESPECT TO ANY AND ALL ILLNESS, INJURY, DISABILITY, POSSIBLE DEATH, or loss/damage to a person/property, EVEN IF ARISING FROM THE NEGLIGENCE OF THE "RELEASEES".

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENTS. I FULLY UNDERSTAND ITS TERMS AND HAVE EXPLAINED THE RISK OF PARTICIPATION TO MY CHILD/WARD AND THEIR ADHERING TO THE RULES AND REGULATIONS FOR PROTECTION AGAINST COMMUNICABLE DISEASES AND INJURIES. FURTHERMORE MY CHILD/WARD UNDERSTANDS AND ACCEPTS THE RISKS AND RESPONSIBILITIES OF PARTICIPATION, AS WELL AS I. ALSO I AUTHORIZE SJM RESOURCES LLC AND ITS EMPLOYEES AND AGENTS PERMISSION TO REQUEST EMERGENCY MEDICAL TREATMENT OR CARE AS NECESSARY, TO INSURE THE WELL-BEING OF MY CHILD/ WARD. FURTHER, I CLAIM THAT MY CHILD/WARD IS FOUND PHYSICALLY FIT FOR ALL PHYSICAL ENDEAVORS, AND HAS HAD A VALID PHYSICAL, AS WELL AS BEING COVERED BY VALID MEDICAL INSURANCE. I HAVE ALSO READ THE MSHSAA MATERIALS ON CONCUSSION, WHICH INCLUDES INFORMATION ON THE DEFINITION OF A CONCUSSION, SYMPTOMS OF A CONCUSSION, WHAT TO DO IF YOU HAVE A CONCUSSION, AND HOW TO PREVENT A CONCUSSION. I DO AGREE AND CONSENT TO THE RELEASE PROVIDED ABOVE REGARDING MY

CHILD/WARD. I ALSO AGREE TO RELEASE AND HOLD HARMLESS SJM RESOURCES LLC, AND ITS OFFICERS, AGENTS, EMPLOYEES, COACHES, VOLUNTEERS, OTHER PARTICIPANTS, AND THE ROCKWOOD SCHOOL DISTRICT ("RELEASEES") FROM ALL CLAIMS/LAWSUITS WITH RESPECT TO ANY AND ALL ILLNESS, INJURY, DISABILITY, POSSIBLE DEATH, OR LOSS/DAMAGE TO A PERSON/PROPERTY WHICH MAY BE SUSTAINED BY MY CHILD/WARD WHILE PARTICIPATING IN FLAG FOOTBALL/CAMPS; AND ANY FUTURE CLAIMS HEREAFTER PRESENTED BY MY CHILD/WARD OR MYSELF AS A RESULT OF SUCH ILLNESS, INJURY, DISABILITY, POSSIBLE DEATH, OR LOSS/DAMAGE TO A PERSON/PROPERTY EVEN IF ARISING FROM THE "RELEASEES" NEGLIGENCE.

NAME OF CHILD/WARD: _____
(Please Print)

NAME OF PARENT/GUARDIAN: _____
(Please Print)

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____