

# REBELS BASKETBALL CAMP

IN PARTNERSHIP WITH  
COUNTY OF NEWBERRY RECREATION

The County of Newberry Recreation Department and the Mid-Carolina High School Basketball Team is offering a **3 day basketball camp**. The camp will focus on instructing fundamental skills and will include drills and games.

**WHEN:** Monday, June 27th - Wednesday, June 29th  
**WHERE:** Mid-Carolina High School Gym  
**TIME:** 9:00 AM - 12:00 PM  
**AGES:** The camp is open to boys and girls ages 6 to 13 (Rising 1st - 8th grade).  
**COST:** \$60.00 - Make checks payable to "Mid-Carolina High School Basketball".

Please fill out the information below and return it to Mid-Carolina High School. **Registration and payment must be submitted by Friday, June 3rd in order to guarantee a t-shirt.** Parents may also choose to register their child on the morning of the first day of camp, with NO t-shirt. Registration will begin at 8:30 AM on the first day of camp.

Scan QR Code  
to pay online:



**Please contact Coach Kevin Winch at Mid-Carolina High School with any questions.  
Email: [kwinch@newberry.k12.sc.us](mailto:kwinch@newberry.k12.sc.us) / Phone: (803) 364-2134**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_  
Name: Father's: \_\_\_\_\_ Mother's: \_\_\_\_\_ Legal Guardian's: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ F/Cell: \_\_\_\_\_ M/Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Policy/Card # \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Shirt Size (Please Circle): **YS YM YL AS AM AL AXL AXXL**

**PLEASE READ WAIVER AND RELEASE BEFORE SIGNING:**

***In signing up and participating in this camp, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities, including transportation services, where provided.***

I acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in these programs against the County of Newberry, the Newberry County School District, and its officials, agents, volunteers, sponsors, and employees.

If my child is injured, becomes ill, or needs medical attention for any reason, I authorize program staff/volunteer coaches to assist my child and to call for medical assistance. My child will be transported to the nearest medical facility as determined by emergency personnel.

**I understand I am responsible for my own medical coverage and all costs incurred in any such medical emergency.**

I understand photographs of my child's participation in this program may be used by the County of Newberry to promote the County's events without compensation and without additional approval.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER.

Parent's or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_