



Youth Basketball Camp

Midwest Elite Basketball (MEB) will again be holding a camp in Boyd County this summer. In conjunction with the JH/JV/Varsity Girls camp, there will be 2-day Future Stars Camp offered.

Date: June 21-22, 1:00-3:00 pm

Location: To Be Determined

Who: **boys and girls** in 3rd-6th grade
(as of 2018-19 school year)

Cost: \$40.00 - make check payable to Boyd County
Girls Basketball (memo - youth b-ball camp)

Deadline - June 1st

Mail registration form and payment to:
Boyd County Schools, POB 109, Spencer, NE 68777
(late and same day registrations will be accepted)

Please call with questions:
Jeff Hart 402-336-8942 or Jacky Hoffman 402-580-4184

Midwest Elite Basketball Camp Registration

Name: _____
Address: _____
City: _____ Zip: _____
State: _____
Phone: _____
Email: _____
Grade: _____
Position(s): _____

- The Quick Hitter 1-Day Camp \$65/camper
- The And-One 2-Day Camp \$105/camper
- The Three-Point Play 3-Day Camp \$135/camper
- The Double Header 3-Day Camp \$125/camper
- The Two-for-One 3-Day Camp \$75/camper
- Future Stars Camp 2-Day Camp \$40/camper**
- Future Stars Camp 3-Day Camp \$55/camper

MEDICAL RELEASE

Must be signed by a parent or guardian before participation in the camp.

In consideration of the acceptance of this application for enrollment in the 2018 Basketball Camp, I/we, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against all sponsors and all employees of Midwest Elite Basketball for any or all damages which may be sustained and suffered by me in connection with my/our association with or entry into this camp, and which may arise out of my traveling to, participating in or returning from the camp. I/We hereby authorize the staff of Midwest Elite Basketball to act for me according to their best judgement in any emergency requiring medical attention and I hereby waive and release Midwest Elite Basketball from any and all liability. I/We understand the risks involved in participating in athletics, such as basketball, which can include serious injury or death. I/We hereby grant permission for my/our child to participate in the Midwest Elite Basketball Camp and if an injury should occur during, traveling to or returning from the camp, I/we agree to pay for all costs, present and future, through my/our medical insurance policy and/or personal finances.

Name of Athlete

Signature of Parent or Guardian