



Franklin Girls Summer Basketball Camps 2020

Sponsored by Franklin High School Girls Basketball Program

Session 1: Entering 4th, 5th & 6th Grades

June 15, 16 & 17, 2020 10:00AM - 1:00PM

Session 2: Entering 7th, 8th & 9th Grades

June 15, 16 & 17, 2020 1:30PM - 4:30PM

At Franklin High School 8222 S. 51st Street

Each player receives a specially designed basketball T-shirt.

COST: \$75.00 There is a \$10.00 cancellation fee, however, there will be no refunds after June 1, 2019.

For more information call the Franklin High School Girls Basketball Office @ 414-423-4640 X7128

Franklin Girls Summer Basketball Camps - 2020 Camp Participant Information

CAMPER'S FIRST & LAST NAME _____

PHONE _____ EMAIL _____

GRADE (ENTERING) _____

SESSION (Circle One) 1 (Entering 4th, 5th & 6th Grade) 2 (Entering 7th, 8th & 9th Grade)

T-SHIRT SIZE (Adult Sizes) Circle One S M L XL

Please enclose check in the amount of \$75.00 payable to "Franklin High School"
and return with bottom portion of this form to:

Franklin High School Athletics
8222 S. 51st Street
Franklin, WI 53132

Please insure the "ATHLETIC CAMP WAIVER" and the "ATHLETE AND PARENT CONCUSSION MGMT AGREEMENT"
forms are completed and returned along with the bottom portion of this form.

Check # _____

Athletic Camp Waiver Required Waiver of Liability Agreement

In consideration of being able to participate in a camp for athletics at Franklin High School, the undersigned parent/guardian, my personal representatives, heirs, and next of kin, agree to release and hold harmless the Franklin Public School District, its representatives, agents, and employees from all liability for any claims, including negligence, resulting from participation in such camp.

As the parent or legal guardian of the participant listed below, I authorize my son or daughter to participate in the Athletic Camp listed below. Any illness or injuries resulting from participation in the Camp are my responsibility. Participation in the Camp is voluntary. The undersigned recognizes there are inherent dangers associated with any athletic camp. The undersigned participant may be exposed to such dangers and hereby assumes full responsibility for any risk of bodily injury, death, or property damage arising out of or related to the event. The undersigned also hereby certifies that the participant named below is in good health and has no physical impairment, injury, or illness that will make participation by the undersigned dangerous to himself/herself or others. I, as parent or guardian of participant, hereby waive my right to bargain over the terms of this waiver of liability.

In the event of illness or injury, I authorize representatives of the Franklin Public Schools to obtain medical treatment for the participant listed below. I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred on behalf of the participant for any illness or injury that the participant may sustain related to, or during the Camp.

The undersigned, parent or guardian, has read this release and waiver of liability, assumption of risk agreement and fully understands its terms, and has signed it freely and voluntarily without any inducement, assurance or guarantee being made to him/her and intends his/her signature to be complete and unconditional release of all liability to the greatest extent of the law and further agrees that no oral representations, statements or inducements apart from the forgoing written agreement have been made.

Name of Camp _____

Participant _____ **Birthday** _____

Address _____

City _____ **State, Zip** _____

1. Emergency Contact _____ **Phone** _____

2. Emergency Contact _____ **Phone** _____

Medications _____

Allergies _____

School Attending in the Fall _____ **Grade** _____

Signature of Participant _____

Parent/Guardian Name (print) _____

Signature of Parent/Guardian _____ **Date** _____

This form must be completed and submitted to the athletic office in order to participate in the athletic camp.



**Student-Athlete and Parent/Guardian
Concussion/Traumatic Brain Injury Policy Agreement**

In accordance with **Wisconsin’s Sideline Safety Act 172**, we read the Franklin Public Schools Concussion/Traumatic Brain Injury Policy and Administrative Rules and have been informed of the signs, symptoms, and risks of a sport related concussion.

The student-athlete agrees to accept responsibility for reporting his/her injuries and illness to the coaching/athletic training staff, parents/guardians, or other health care personnel including any signs and symptoms of a concussion.

We acknowledge, understand, and agree to abide by the fact that students are prohibited from any participation until the student-athlete and parent/guardian have read this plan.

We acknowledge and understand the responsibility to abide by, understand and consent to all Franklin School District concussion policies and protocols.

We hereby acknowledge having read the Concussion/Traumatic Brain Injury Board Policy and Administrative Rules AND the assigned CDC Concussion Fact Sheet linked below, which includes the signs, symptoms, and risks of sport related concussions. We agree to abide by, understand and consent to all Franklin School District concussion protocols.

Printed name of student/athlete	Signature	date
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Printed name of parent/guardian	Signature	date
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- Required Materials to Review
- [The Concussion/Traumatic Brain Injury Policy and Administrative Rules](#) Board Policy 5222
 - [Middle School Student-Athlete Concussion Fact Sheet](#)
 - [High School Student-Athlete Concussion Fact Sheet](#)

Return to Athletics & Activities Department