

Hutchinson Community College
Women's Basketball
2018 Blue Dragon Team Camp



\$50 per Player

Roster Form (One form must be filled out per Player)

School Team: _____ Coach's Name: _____

Coaches Contact Number: _____

Coaches Email: _____

Camper's Name: _____ Camper's Contact Number: _____

Camper's Email: _____

Home Address: _____

Zip: _____

GRADE (FALL of 2018) _____ ADULT T-SHIRT: S M L XL XXL (please circle one)

Parent or Guardian's name: _____

Emergency Contact #: _____

AUTHORIZATION FOR EMERGENCY TREATMENT

As a parent or legal guardian of _____, a minor attending a camp at Hutchinson Community college, I do hereby authorize, consent, and request Health Services and /or Athletic Training Staff to provide preliminary evaluation of illnesses and to conduct first aid treatment of potentially serious injuries for my daughter/legal ward. I hereby authorize the staff of Hutchinson Blue Dragons Camps to act for me according to their best judgement in any emergency requiring medical attention and hereby waive and release Hutchinson Community College, the HCC women's basketball coaching staff, the Kansas Board of Regents, and all employees and agents on account of the injury or illness sustained by my child while attending the above camp.

Parent/Legal Guardian Signature

Date: _____

Insurance Company: _____

Address: _____

Policy Holder Name: _____

Policy Number: _____

Please contact us at: email andersonp@hutchcc.edu or kirkt@hutchcc.edu

Phone number: 620-474-6022 or 620-728-8133 for any questions about the team camp. Phil Anderson or Travis Kirk

PLEASE RETURN COMPLETED FORM TO YOUR HEAD COACH

You can register online at: bluedragonsports.com Make checks payable to: **ONTJES HOOPS** and or mail to Hutchinson Community College **Att: Women's Basketball** 1300 N. Plum Hutchinson, KS 67501.

