

# BIG BLUE BASKETBALL

**GIRLS CAMP  
JUNE 5-8**

**BOYS CAMP  
JUNE 12-15**

*Celebrating a  
tradition of  
30+YEARS  
of great camps!!*



Both Camps:  
Monday - Thursday  
9:00-12:30

**\*\*\*The 1<sup>ST</sup> 50 Campers to register will receive a FREE BASKETBALL!\*\*\*  
\*\*\*GRADES K-8<sup>th</sup>\*\*\* All campers receive a FREE T-SHIRT!\*\*\*  
\*Check must be received to hold your spot for a basketball.**

**Participant:** \_\_\_\_\_ **Parent/Guardian(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (     ) \_\_\_\_\_ **School:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade (next year):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **T-shirt size (Please Circle) YM YL AS AM AL AXL**

**Attending: June 5-8 (GIRLS Camp) \_\_\_\_ or June 12-15 (BOYS Camp) \_\_\_\_ **Payment (     ) \$60.00****

I, the parent/guardian of \_\_\_\_\_ release my consent to:

1. The treatment of illness/accident while attending Big Blue Basketball Camp.
2. The administering of emergency medication/surgery upon advice of hospital or trained medical personnel.
3. The release of my insurance to cover the above child in case of an emergency:

Insurance Name \_\_\_\_\_ Policy # \_\_\_\_\_

I also certify that my child is physically fit to participate in the Big Blue Basketball Camp and I further state that the Big Blue Basketball Camp staff and Model High School will not be held liable for accident/illness as a direct or indirect result of participation in the camp activities. I also understand that I am responsible for insurance coverage on the above child.

**SIGNATURE** \_\_\_\_\_

**Check #** \_\_\_\_\_

**\*Payment is nonrefundable**

Mail forms/make checks payable to:  
**Model High School  
3252 Calhoun Rd.  
Rome, GA 30161**

For more information contact Sally Echols or Jacob Travis at (706)236-1895 or  
send an email to [sechols@floydboe.net](mailto:sechols@floydboe.net) or [jtravis@floydboe.net](mailto:jtravis@floydboe.net)