

Application Form

Register Online at www.sebasketballcamps.com

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Work or cell Phone _____

Grade Fall 2020 _____

Email _____

Shirt Size _____

Please circle desired session:

June 15-18..... Elementary

June 22-25..... Elementary

June 15-18..... Middle School

June 22-25..... Offensive Skills

(CAMP ENROLLMENT IS LIMITED)

MAKE CHECKS PAYABLE TO:

Southeastern Basketball Camp

MAIL TO: Southeastern Oklahoma State University

Darin Grover

Southeastern Basketball Camp

425 W. University Blvd.

Durant, OK 74701-0609

CONTACTS

Coach Grover - 580.745.2472



SOUTHEASTERN BASKETBALL CAMPS
425 W. University Blvd.
Durant, OK 74701-0609

2020



BASKETBALL CAMPS FOR GIRLS AND BOYS

June 15-18
Session 1 Elementary
Grades 2-6

June 22-25
Session 2 Elementary
Grades 2-6

June 15-18
Middle School
Grades 6-9

June 22-25
Offensive Skills Camp
Grades 6-12

at

Bloomer Sullivan Arena

Register Online at www.sebasketballcamps.com

The Details

SOUTHEASTERN BASKETBALL CAMP

Elementary

June 15-18 Session 1 9 pm - 12 pm

June 22-25 Session 2 9 am - 12 pm



Middle School

June 15-18 1 pm - 4 pm



OFFENSIVE SKILLS CAMP

June 22-25 1 pm - 4 pm

The Cost

Payment must accompany application

All Camps \$75

(ALL PRICES INCLUDE CAMP T-SHIRT & SE BASKETBALL)

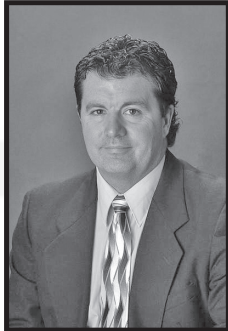
LATE FEE - ADD \$10 TO CAMP PRICE FOR WALK-INS
PAYMENTS ARE NONREFUNDABLE LESS THAN 7
DAYS PRIOR TO THE START OF CAMP



Individual and small group sessions are available. Call Coach Grover at 580.745.2472. Please call about discounts for SOSU Employees!



DARIN GROVER
Head Coach
Southeastern Women's Basketball



KELLY GREEN
Head Coach
Southeastern Men's Basketball



RYAN QUINN
Assistant Coach
Southeastern Men's Basketball

LIABILITY RELEASE, WAIVER, DISCHARGE AND CONVENANT NOT TO SUE

This Release is made by me to Southeastern Oklahoma State University.

1. My Child(ren) desire to participate in Southeastern Oklahoma State University Basketball Camp, (the "Activity"). I fully recognize that there are dangers, hazards, and risk inherent in the Activity, in the transportation to and from the Activity, and in any independent activities I undertake in addition to the Activity, which also could include serious or even mortal injuries and property damage.

2. I understand that Southeastern Oklahoma State University (SE) does not require me to participate in this Activity, but I want to do so, despite the possible dangers and risks and despite this Release. I certify that I am physically and mentally able to participate in the Activity, that I will follow all appropriate safety precautions, and that I will comply with all applicable laws, rules, policies, and instructions.

3. I therefore voluntarily agree to assume and take on myself all the risks and responsibilities in any way associated with this Activity. In consideration of and return for services, facilities, and other assistance provided to me by SE in this Activity, I release SE, its governing board, officers, agents, employees, and any students acting as employees (the "Releasees"), from and against any and all liability, claims, demands and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with this Activity. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of SE, including but not limited to negligence, mistake, or failure to supervise by SE.

4. I understand and agree that Releasees do not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

5. I acknowledge that SE does not carry life, health or accident insurance on me. SE has advised me that I will be responsible for any medical charges which I may incur if I am injured during the Activity and that SE has encouraged me to secure my own such insurance.

6. I recognize that this Release means I am giving up, among other things, rights to sue Releasees for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

7. I have read this entire Release; I fully understand it; I agree to be legally bound by it; I voluntarily sign it as my own free act and deed; and no oral representations, statements, or inducements apart from the foregoing agreement that have been reduced to writing have been made.

**THIS IS A RELEASE OF YOUR RIGHTS.
READ CAREFULLY BEFORE SIGNING.**

IN WITNESS WHEREOF, I have executed this release on (date)

Student Printed Name _____

Student Signature _____

Parent or Legal Guardian Printed Name _____

Parent or Legal Guardian Signature _____