



2019 RICH HERRIN BASKETBALL CAMP



at McKendree University
Varsity, Jr. Varsity, Freshmen, Jr. High 7th & 8th Grades
(INDIVIDUALS WELCOME)

JUNE 10th, 11th, 12th, (Mon.-Wed.) - 7th-8th Grade (Jr. High)
JUNE 26th, 27th, 28th, (Wed.-Fri.) - Varsity & Jr. Varsity & Freshmen

REGISTRATION CHECK-IN: 8:00AM TO 9:30AM

BRING PERSONAL BEDDING

Cost \$205.00 (advanced deposit \$100.00)

Two Family Members \$345.00

Make checks payable to: **MCKENDREE UNIVERSITY - HERRIN CAMP**

Return application to: Rich Herrin, 316 Prairie Road, Carterville, IL 62918

FOR ADDITIONAL INFORMATION CONTACT:

Rich Herrin 618/985-6440 - Dick Corn 618/357-0019

Brad Weathers 618/792-3742

FOR CAMP EMERGENCY CALL SECURITY: 618/537-6911

**COACHES MUST HAVE A BACKGROUND CHECK.
CALL DICK CORN ABOUT THE BACKGROUND CHECK AT 618-357-0019
LIMITED DORM ROOMS AVAILABLE. FIRST 160 CAMPERS WILL BE ACCEPTED.**

Keep This Portion For Your Records

Cut and Return ✂

BE SURE TO FILL IN ALL BLANKS. SEND IN ADVANCED REGISTRATION AND ROOMING LIST.

Cut and Return ✂

Name _____

Address _____ City _____ State _____ Zip _____

School Name _____ Coach _____ Coach's Phone _____

WHEN I RETURN TO SCHOOL IN THE FALL OF 2019, I WILL BE IN THE _____ GRADE

PARENT/GUARDIAN: I verify that my child has received a physical examination (18-19) and is able to participate in basketball camp. I give permission for my child to be treated by the appropriate medical personnel for any illness/accident while at camp. I can be reached by phone at (_____) during the day, and (_____) at night.

CHECK ONE: Session 1 (June 10th-12th) Session 2 (June 26th-28th)

MCKENDREE UNIVERSITY RELEASE AND WAIVER OF LIABILITY

I, _____ (Participant), hereby acknowledge that I have voluntarily elected to participate in the Rich Herrin Basketball Camp to be held in and around the campus of McKendree University, from _____ (Date) to _____ (Date). In consideration for being permitted by McKendree University to participate in the Event or Activity, I hereby acknowledge and agree to the following.

Voluntary Participation: I acknowledge that my participation is elective and voluntary and that my participation is not required by the university.

Rules and Requirements: I acknowledge that the university has the right to terminate my participation in the Event/Activity if it is determined that my conduct is deemed contrary to established rules and detrimental to the best interests of the group or university.

Release & Waiver Liability: I, on behalf of myself, my personal representatives, heirs, executors, agents, and assigns, hereby RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO SUE the university, its governing board, directors, officers, employees, agents, volunteers, and any students (hereinafter referred to as "Releases") for any and all liability. I further agree that Releases are not in any way responsible for any injury or damages of any kind that I may sustain as a result of my participation.

Personal Medical Consideration: I acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Event/Activity. I further acknowledge and understand that Releases may not have medical personnel at the location of the Event/Activity. In the event of any medical emergency, I do ___ do not ___ (initial one) authorize medical care that university personnel deem necessary.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR LEGAL GUARDIAN AS WELL AS MY OWN.

Signature of Participant _____ Date _____

I certify that I have custody of Participant or am the legal guardian of Participant and that I have read this agreement and fully understand and agree to its terms.

Signature of Parent _____ Date _____

Return application to: Rich Herrin, 316 Prairie Road, Carterville, IL 62918 Payable to: McKendree University/Herrin Camp
Send Rooming List to Dick Corn Email: coachdickcorn@gmail.com