



**MANSFIELD CHRISTIAN BASKETBALL ACADEMY
(6TH-8TH GRADE BOYS)**

JUNE 1-5 (1PM-3PM)

MCS HIGH SCHOOL GYM

DIRECTOR: COACH PARROTT

parrott.adam@mcsflames.org

PLAYER DEVELOPMENT:

BALL HANDLING

SHOOTING/BB IQ

SPEED & AGILITY

Cost: \$100 per student

Make Checks Payable to MCS

Registration

Name: _____ **Date:** _____

Grade: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian: _____

Cell Phone: _____

Mansfield Christian Basketball Academy

MEDICAL RELEASE/PARENTAL CONSENT

All players must have their own medical coverage. Campers will not be allowed to play unless the following information is completed:

Insurance

Company: _____

Policy# _____

I hereby grant permission for my child to attend the MCS Basketball Academy. I also grant permission to the MCS Staff to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release MCS, its employees, and the Camp Directors from any and all liability for any injuries incurred while at MCS Basketball Academy. I will be responsible for any and all costs for medical attention and treatment. I also grant permission to a medical facility to treat my child in the event this becomes necessary. I have provided the necessary insurance information, and in the event that insurance will not cover necessary treatment, I will be responsible for any and all costs of medical attention and treatment.

Parents Signature

Date
