

Leadership  
Teamwork  
Fundamentals  
Confidence  
Friendship

Sportsmanship  
Athleticism  
Cooperation



# Youth Basketball Camp

**Aug. 4-8**

9 a.m. - noon, ages 8-11  
1 - 4 p.m., ages 12-14

**West Cook YMCA**

255 S. Marion St., Oak Park

Camp is for Oak Park boys and girls ages 8 - 14.  
Activities include one-on-one and group instruction,  
team play, full-court games, contests and awards.

Registration is required. Applications are available at  
the Oak Park Police Department, 123 Madison St.  
For more information, call 708.358.5519 or e-mail  
[police@oak-park.us](mailto:police@oak-park.us).

Applications will be accepted starting May 21. This is  
a **free** camp!





**OAK PARK POLICE DEPARTMENT**  
2014 Youth Basketball Camp Application  
August 4-8, 2014



Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address (required) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male / Female

School (as of Fall 2014) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Is the child allowed to walk to and from camp?    Yes    No

Name & contact information of those other than parent(s) allowed to pick up child from camp:

\_\_\_\_\_

**Emergency Contact (if parent/guardian is unavailable)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Agreement of Participation**

I agree to my child's participation in the Oak Park Police Department's 2014 Youth Basketball Camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## 2014 Youth Basketball Camp Participant Medical History

Name \_\_\_\_\_  
FIRST MIDDLE LAST

**ALLERGIES** YES NO

If yes, please list allergies: \_\_\_\_\_

\_\_\_\_\_

**MEDICAL PROBLEMS** YES NO

If yes, please list medial problems or conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DAILY MEDICATION** YES NO

If yes, please list all medication: \_\_\_\_\_

\_\_\_\_\_

Please list any physical or behavior conditions that may affect or limit full participation in playing strenuous physical games: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**T-SHIRT SIZE (circle one)** Youth size: S M L XL XXL  
Adult size: S M L XL XXL



**2014 Youth Basketball Camp**  
 Participant Liability Waiver  
 and Hold Harmless Agreement

Please read this form carefully and be aware that by participating in the Oak Park Police Departments' **"2014 Youth Basketball Camp,"** you will be waiving your own and your child's rights to make a claims for any personal injuries or damages of any kind you or your child may sustain arising out of his or her participation in this "Basketball Camp". You will also be required to indemnify, hold harmless and defend the Village of Oak Park from any claims arising out of your child's participation in the 2014 Youth Basketball Camp.

Your child's activities as a Participant may include physical activities and exercise physical contact with other persons, riding in vehicles operated by Oak Park Police Department and participating in a wide variety of other activities.

By enrolling in the program, you acknowledge and agree as follows:

**Risk of Injury:**

You recognize and acknowledge that there are certain risks of physical injury and you agree, on your own and your child's behalf to assume the full risk of any personal injuries and property damages or losses of any kind which you or your child may sustain as a result of your child's participation in any and all activities associated with the OPPD's 2014 Youth Basketball Camp.

**Risk of Injury Claims:**

You agree to waive and relinquish any and all claims, lawsuits, or demands of any kind against the Villages of Oak Park and their officers, agents and employees from any and all claims for personal injuries, property damages or losses of any kind which you or your child may incur on account of your child's participation in the OPPD's 2014 Youth Basketball Camp.

**Indemnity and Defense:**

By signing this document you also agree to indemnify, hold harmless and defend the Villages of Oak Park and their officers, agents and employees from any and all claims for personal injuries, property damage or losses of any kind arising out of, connected with, or in any way associated with your child's participation in the activities of the OPPD's 2014 Youth Basketball Camp.

**I understand transportation of my child is my responsibility \_\_\_\_\_  
 is permitted to transport my child.** NAME OF PERSON ALLOWED TO TRANSPORT CHILD

**I have read and fully understand and agree to the above stated conditions of participation in the OPPD's 2014 Youth Basketball Camp.**

\_\_\_\_\_  
**Print Name of Participant**

\_\_\_\_\_  
**Participant's Date of Birth**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Print Name of Parent or Guardian**

\_\_\_\_\_  
**Address/Emergency Telephone Number**