



# CHIEFTAIN BASKETBALL CAMP

Monday, Feb. 19th - Thursday, Feb 22nd

Girls and Boys Grades 4-8

at Nashoba Regional HS - 9am-12pm

**Cost:** Pre-registration: \$90 (mailed by February 9th).

First Day of Camp: \$100

Pre-registration is strongly suggested. Access additional Forms at <http://nrhs.nrsd.net/athletics>  
Check payable to Nashoba Athletic Booster Club. Send check and completed form to Danny Ortiz,  
Nashoba Regional High School, 12 Green Rd., Bolton, MA 01740

**Camp Staff:**

- Tina Seabury, NRHS Girls' Varsity Basketball Coach
- Danny Ortiz, NRHS Boys' Varsity Basketball Coach
- Josue Pantojas, NRHS Boys' Varsity Assistant Basketball Coach
- NRHS Varsity Girls' and Boys' Basketball Players



*\*Players may arrive and shoot around at 8:30am. Clinic starts at 9am and ends at 12pm\**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

T-shirt size: Adult sizes only S M L XL (If not pre-registered cannot guarantee correct size t-shirt)

In case of emergency, notify (name/#): \_\_\_\_\_

\_\_\_\_\_ (Name of participant) is physically fit to participate in the activities of the Chieftain Basketball Camp. In the event of any medical emergency where representatives of the camp are unable to contact a parent or guardian of the above participant, I authorize the camp personnel to act in my child's best interest and render any necessary treatment, including hospitalization if necessary. I understand that the Chieftain Basketball Camp does not provide medical insurance for participants. In consideration for the athlete's participation in and enjoyment of the Chieftain Basketball Camp, instruction and facilities, I waive, release and forever discharge the camp, its coaches, directors, agents, promoters, and employees, Nashoba Regional HS and the town of Bolton, its officers, directors, agents, promoters, and employees from any responsibility from any and all liability, claim, loss, rights of action, or for accidents and medical or dental expenses present or future, anticipated or unanticipated, resulting from or arising out of or in incident to participation in this clinic. I waive and release *Chieftain Basketball Camp* and the town of Bolton and Nashoba Regional HS from any responsibility for possessions lost or damaged by weather, water, fire, theft or personal negligence or any injury or illness incurred while at the clinic or traveling to and from any clinic activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_