

# Summer Basketball Camp

## With



## Coach Q.Owens™

NAME \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PARENT \_\_\_\_\_ WORK # \_\_\_\_\_

GRADE NEXT YEAR \_\_\_\_\_

PLEASE CHECK THE Month DESIRED: DAY CAMP: @ Riverside Junior High (10910 Eller Rd) Fishers  
from: 9am-12pm

1<sup>ST</sup> SESSION June \_\_\_\_ (20, 22, 27, 29) 2<sup>ND</sup> SESSION July \_\_\_\_ (11, 13, 18, 20) Camp Fee: \$100

**Coach Q: High School National champion, College National Champion, 3 time All American & former European/South America Professional Basketball Player**

For more information about summer camp, contact **Coach Q. Owens @ (317) 332-8006** or  
[gowens1988@gmail.com](mailto:gowens1988@gmail.com)

I UNDERSTAND THAT THIS CAMP IS UNDER THE SUPERVISION AND CONTROL OF THE CAMP  
INSTRUCTOR, Q. Owens AND THAT HE IS NOT RESPONSIBLE FOR ANY INJURIES WHICH MAY OCCUR  
AND THAT HE SHALL NOT ABE HELD RESPONSIBLE FOR ANY FINANCIAL OBLIGATION DUE TO AN INJURY.  
THE PARTICIPANT HAS FAMILY HEALTH INSURANCE. I GIVE MY PERMISSION FOR MY CHILD TO  
PARTICIPATE UNDER THESE CONFITIONS AND RELEASE Q. Owens AND ANY OF HIS AGENTS  
FROM ANY LIABILITY FOR ANY ACTIONS OR INJURIES ASSOCIATED WITH OR IN CONNECTION WITH MY  
CHILD'S PARTICIPATION IN THE Q. Owens BASKETBALL CLINIC.

PARENT/GUARDIAN

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_