

CANTON CAMP APPLICATION

PLAYER NAME (LAST): _____ FIRST _____

PARENTS/GUARDIANS NAME: _____

ADDRESS: _____

CITY: _____ ZIP _____

PHONE:(____)____-____ CELL:(____)____-____

E-MAIL _____ AGE _____

SCHOOL _____ GRADE NEXT YEAR _____

ADULT SHIRT SIZE (Check One):
____S ____M ____L ____XL ____XXL

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- Sessions Applying For: (Check the appropriate session box and specify boy or girl for Shooting Camp)
- Shooting Camp (\$120)*# ____ Boy ____ Girl (COED)
 - Basketball Academy (\$140)*# (Boys only)
 - Basketball Academy & Shooting Camp %(\$260)*# (Boys only)
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%Boys participating in both camps will receive 94Fifty Shooting and Dribbling Skills testing; Testing will also be made available to those participating in only one camp for an additional fee.

***Family discount – First athlete pays full price; each additional athlete deduct \$20**
#Plain Local applicants: Call Coach Hoover (330-685-5227) for the school discount before applying#

MAKE CHECKS PAYABLE TO: JDH WINNERS' EDGE

Send this application, signed waiver (below) and payment to:

Dave Hoover
2415 Vixen St. N.W.
North Canton, OH 44720

- Enclosed is \$50 deposit (non-refundable)
(Balance to be paid by June 30)
 - Enclosed is payment in full
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WAIVER AND INFORMED CONSENT AGREEMENT

The undersigned, being the natural or adoptive parents or legal custodians of _____ in consideration of my child's participation in the activities of JDH Winners' Edge sports camps, I do hereby declare him/her to be medically able to participate in the activities offered by JDH Winners' Edge Sports Camps. I understand that there are risks that may include disabling injury and/or death involved in all physical activities. I agree to familiarize myself with all equipment, facilities, rules, and physical demands related to the activities undertaken. I agree to hold free from any and all liability JDH Winners' Edge, LLC and its respective officers, employees, members, volunteers, and sponsors and do hereby for myself, my heirs, executors, and administrators waive, and release and forever discharge any and all rights and claims for damages which I may have or which may accrue to him/her arising out of or connected with his/her participation in any of the activities of JDH Winners' Edge, LLC. I have been informed of and acknowledge the particular hazards and potential dangers in my child's participation in these activities.

Parent's Signature _____ DATE: ____/____/____

IN ORDER FOR JDH WINNERS' EDGE TO PROVIDE A QUALITY INSTRUCTIONAL SETTING FOR EACH PLAYER, WE LIMIT THE NUMBER OF PARTICIPANTS IN EACH SESSION.

APPLY EARLY TO RESERVE YOUR SPOT.