

**LADY TIGERS**



**BASKETBALL**

# Girls' Basketball Camp

June 15 - June 17, 2026

8:00 - 11:00 am

Girls entering 3<sup>rd</sup>-8<sup>th</sup> grade

Twinsburg High School Gymnasium

10084 Ravenna Rd, Twinsburg, OH 44087

Name \_\_\_\_\_ Grade (Fall of 2026) \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent Email: \_\_\_\_\_

Circle one t-shirt size: Youth S M L      Adult S M L XL

**Cost of camp:** \$75 per district resident, \$100 per non-district resident  
*Cash or check made payable to **Twinsburg Athletic Boosters c/o Girls' Basketball***

Return registration form and payment via either of the following methods:

1. Drop off at RB Chamberlin Middle School Welcome Center (M-F 7:00am-2:00pm)
2. Mail to: R.B. Chamberlin Middle School - 10270 Ravenna Road, Twinsburg OH 44087 Attn: Athletic Department - Spencer Genos

**\*\*REGISTRATION DEADLINE IS Wednesday, MAY 27, 2026\*\***

Contact Info: Spencer Genos - [sgenos@twinsburgcsd.org](mailto:sgenos@twinsburgcsd.org)

\*\*All campers must complete and return the EMA and Agreement of Risk form in order to participate\*\*

**EMERGENCY MEDICAL AUTHORIZATION**

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill injured while under school authority when the parents/guardians cannot be reached.

**\*\*This form MUST BE COMPLETED in full to participate in The Lady Tigers Basketball Camp\*\***

**TO GRANT CONSENT**

In the event reasonable attempts to contact \_\_\_\_\_ (parent/guardian) at:

HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_ or

reasonable attempts to contact \_\_\_\_\_ (other parent/guardian) at:

HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred doctor) or another licensed physician or dentist, if preferred practitioner is not available. 2. The transfer of the student to \_\_\_\_\_ (preferred hospital) or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist concur on the necessity for such surgery before the performance of such surgery. Facts concerning the child's medical history include allergies, medications being taken, and any physical impairment to which a physician should be alerted.

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

Address \_\_\_\_\_

Twinsburg City School District  
Athletic Department  
10084 Ravenna Road  
Twinsburg, Ohio 44087

**AGREEMENT OF RISK**

My child and I are aware that participating in the Lady Tigers Basketball Camp is a potentially hazardous activity. I assume all risks associated with participation in this sport including, but not limited to, falls, contact with other participants, and other reasonable risk conditions associated with the sport. I waive all rights to financial assistance for medical and/or hospitalization expenses incurred by my child while involved in any phase of athletic participation. I assume responsibility for payment of any and all expenses for treatment of such occurrences.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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