

# **CRUSADER BASKETBALL CLUB** **SPRING BREAK SKILLS CAMPS**



**Who:** **Boys and Girls** currently in Gr. 6-9

**When:** CAMP #1 **March 15-19**

(Session 1: 9am-10:30am) (Session 2: 11am-12:30pm) (Session 3: 1pm-2:30pm)

CAMP #2 **March 22-26**

(Session 1: 9am-10:30am) (Session 2: 11am-12:30pm) (Session 3: 1pm-2:30pm)

**Where:** Holy Cross High School Gymnasium

**Why:** To improve overall basketball skills, meet future classmates, and have fun!

**How:** Email Head Coach/Teacher, Matthew LeChasseur, at [hcboysbasketball@gmail.com](mailto:hcboysbasketball@gmail.com) to *confirm your spot* in the camp. Indicate which session time. PLEASE NOTE:

- a. **\*\*Due to COVID-19, the number of campers will be limited per session on a first come, first serve basis.\*\***
- b. Fill out the form below, and bring a cheque on the first day of the camp.
- c. The cost is \$125.00 per camper (includes daily Gatorade provided as camper leaves from their session).
  - i. If a camper is deemed unable to attend for whatever reason, a refund will not be issued.

*Please make cheques payable to CRUSADER BASKETBALL CLUB.*

**\*All COVID-19 Health Guidelines will be monitored thoroughly including:**

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- Mandatory daily screenings (based on the BC Ministry of Health's "[BC COVID-19 Self-Check Tool](#)") will be conducted by the coach prior to each session. If at any point a camper is not deemed "healthy", they will not be able to attend the camp until test results indicate a "negative" COVID-19 diagnosis.
  - All drills and competitions will follow the social distancing protocol.
  - All players must bring their own water bottle.
  - Students will be asked to wash their hands frequently.
  - Hand sanitizer will be provided.
  - Personal masks are optional (not provided).
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**Please print out and complete the form and waiver below. Please bring these documents and payment with you on the first day of camp.**

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Camper's name: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_

Elementary School: \_\_\_\_\_

Grade: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency contact phone #: \_\_\_\_\_

**RISK WAIVER FORM FOR PARTICIPATION  
WITH CRUSADER BASKETBALL CLUB**

NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_

This document shall address dangers and risks of participation in basketball

I intend to participate on a Crusader Basketball Club Session or Team. I certify that I am medically sound and have been examined by a board-certified physician prior to my participation. I am aware of and voluntarily assume all risks and dangers to property and myself (including, but not limited to: accidents, injury, illness, death, damage, or destruction) to which I may be exposed to by participation in the above named sport(s). Further, I assume such risks regardless of their cause, which may include, but are not limited to, failure to enforce rules or regulations; failure to inspect equipment, personnel, or facilities; failure to supervise any persons; accidents occurring during travel to and from games or performances held at other sites; and the negligence of others. I understand that Crusader Basketball Club does not require me to participate in these activities. I do so voluntarily, despite the possible dangers and risks (cited and uncited), and despite this warning and waiver. The following includes descriptions and examples of specific, significant, non-obvious dangers and risks associated with each given sport activity.

**Read and initial each sport you intend to participate in the Crusader Basketball Club.**

\_\_\_\_\_ **Basketball:** I recognize the dangers and risks to which I am exposed while participating in basketball, including, but not limited to, the risk posed by undercutting my opposition or being undercut by my opponents. I also recognize the dangers inherent to contact with another player and with hard surfaces. Potential injuries include, but are not limited to, musculoskeletal injuries, head injuries, disfigurements, loss of vision, temporary or permanent loss of limb function, paralysis, and death.

Furthermore, I will note all weather conditions and assume all risks arising from such conditions if practicing alone. I will also note the condition of the field/court and assume all risks relating to its use by myself and others. I acknowledge that mouth guards are not mandatory in contact activities, although they do provide protective value. I further authorize Crusader Basketball Club to seek and render emergency medical treatment on my behalf in connection with my participation in the said activities. I acknowledge and agree that Crusader Basketball Club will assume no responsibility for, and shall be released from any claim or liability relating to any injury or damage, which might arise out of or in connection with such authorized medical treatment.

In consideration of, and in return for the services, facilities, and other assistance provided to me by Crusader Basketball Club in one or more of the activities identified above, I shall indemnify, defend and save harmless Crusader Basketball Club, its trustees, officers, agents and employees from all liability, loss, cost, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by me as a result of negligence on the part of Crusader Basketball Club trustees, officers, agents, employees, or other participants, or by others as a result of my own negligence or intentional acts, during my participation in this activity (including travel to and from any activity site). I agree to assume and take on myself all risks and responsibilities in any way associated with these activities.

I have carefully read this Assumption of Risk Waiver Form, fully understand its contents, voluntarily sign it, and realize that it will legally bind me, my heirs, and my personal representatives. I recognize that this Waiver means I am giving up, among other things, rights to bring suit against Crusader Basketball Club, trustees, officers, agents, and employees for injuries, damages or losses I might incur. No oral representations, statements, or inducements have been made with regard to this waiver or the activity.

I understand that the Crusader Basketball Club has followed all COVID-19 health protocols provided by the Ministry of Health BC, and I assume all risks involved in the event of contracting the coronavirus as well as will declare any medical symptoms to all people at this Crusader Basketball Club event.

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Parent's/Guardian's signature

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Date

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Parent's/Guardian's Name Printed

**NOTE:** This agreement is valid from the date of signature through termination of participation in any Crusader Basketball Club.