

**FREE**

Sheriff Bob McCabe Foundation, Inc.  
sponsors the annual



# 2015 NORFOLK YOUTH SPORTS CAMP

The Sports Camp is *FREE* for Norfolk children (boys/girls) ages 10-14 featuring skills/drills by Norfolk's best coaches (middle/high school) & celebrity mentors. Proof of age is required for registration. Pre-registered campers receive a *FREE* T-Shirt.

**REGISTRATION DEADLINE FOR BOTH CAMPS IS JUNE 13, 2015**

*Print off a registration form at [www.sheriffbobmccabefoundation.com](http://www.sheriffbobmccabefoundation.com).*

For more Information, call 757-441-1066 or fax forms to 757-441-6000.



**BASKETBALL  
CAMP**  
June 23 & 24  
Norview High School  
9 a.m. to 3 p.m.



**FOOTBALL  
CAMP**  
June 25 & 26  
S. B. Ballard Stadium (ODU)  
9 a.m. to 3 p.m.



**BASEBALL CAMP**  
June 22  
Marty Miller Baseball Field (NSU)  
9 a.m. to 3 p.m.



# Norfolk Youth Sports Camp

## 2015 Registration Form



Child's Name: \_\_\_\_\_ Gender M / F

Child's Address: \_\_\_\_\_

Child's Age & Grade Level: \_\_\_\_\_

I am the parent or legal guardian for the child on this registration form, and grant permission for the volunteer staff of the Norfolk Youth Sports Camp to act on my behalf for my child in granting permission for the evaluation and treatment of minor medical problems. I understand that should a major medical problem arise, reasonable attempts will be made to reach me by telephone at the number(s) I have listed. If I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a certified Athletic Trainer, Emergency Medical Technician (EMT) and/or a licensed physician. I understand that the Sheriff Bob McCabe Foundation, Inc., a 501(c)8 charitable foundation, does not provide any accident and/or medical insurance and that I will be financially responsible for any and all medical expenses related to injuries due to participating in basketball, football or any other sport sponsored by the Sheriff Bob McCabe Foundation, Inc. I have actual knowledge of the inherent dangers, risks and injuries involved in "contact" sports, i.e., football, basketball, etc. In addition, I, for myself, my child, my heirs, and personal representatives, hereby waive, release, and discharge forever any and all claims of damages for bodily injury, death, or damage or loss of property in any way related to my child's participation in this camp, that I or my child may have or that may accrue subsequently to me or to my child against any and all departments or divisions of the Sheriff Bob McCabe Foundation, Inc., The Norfolk Sheriff's Office, The City of Norfolk, the Commonwealth of Virginia, Old Dominion University, Norfolk State University, Norfolk Public Schools and all employees and agents of such entities.

Further, I hereby give to the Sheriff Bob McCabe Foundation, Inc. and its agents, permission to use my child's image/photograph/name/voice for promotional and educational purposes on behalf of the Norfolk Youth Sports Camp (including but not limited to brochures, booklets, videotapes, reports, press releases, websites and exhibits).

I have read, or have had read to me, this general permission and waiver of claims statement. I understand and voluntarily agree to its provisions.

Parent/Guardian Name (please print) \_\_\_\_\_

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

Telephone Number(s) for Parent/Guardian \_\_\_\_\_

