### MEDICAL INSURANCE INFORMATION

Listed is (are) the medical condition(s) and allergies the college should be aware of concerning the registered minor child:

The college should be aware that the registered minor child is taking the following medications:

Please provide your medical insurance information:

### **MEDICAL RELEASE**

If the named minor child is in need of medical attention, as the result of either illness or injury, I do hereby give my permission for Kirkwood Community College to provide or see that the necessary care is provided. Additionally, I give the college permission to submit my medical insurance information to any medical provider caring for the named minor child.

### WAIVER AND RELEASE OF LIABILITY

I hereby give my permission as the parent or guardian of the named child to participate in Youth Class/Camp Activities at Kirkwood Community College. I acknowledge that Participant is physically and mentally able to participate in these activities and programs. I understand there are certain risks associated with those activities and programs, and I assume the risks to Participant associated with those activities and programs. I understand that I am responsible for insurance coverage for Participant.

I, as an authorized representative of the participant, understand that participation in Youth Class/Camp Activities is conditional upon execution of this Waiver and Release of Liability. In consideration of permission to participate, I agree to defend, indemnify, and hold the college and the Kirkwood Community College Facilities Foundation and all of its departments, trustees, directors, officers, servants, agents, employees, and applicable media vendors harmless from any and all claims of libel, slander, invasion of the right to privacy, or bodily injury, property damage, or other incident, whether arising out of participation or otherwise.

I accept the above terms and conditions of the Waiver and Release of Liability.

Parent or Guardian Signature:

Date

## COACHES



**TIM SANDQUIST** Head Coach 7th Season



TYLER BULLOCK Associate Head Coach 2nd Season



AHMAD PENDER Assistant Coach 3rd Season

Kirkwood Community College shall not engage in nor allow unlawful discrimination against individuals involved in its educational programs and activities on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, religion, age, disability, or actual or potential parental, family, or marital status. If you have questions or complaints related to compliance with the policy, please contact the Vice President of Human Resources at Kirkwood Community College, 313 Kirkwood Hall, 6301 Kirkwood Blvd. SW, Cedar Rapids, IA 52404, Telephone: 319-398-5572, Email: equity@kirkwood.edu, or the Director of the Office for Civil Rights U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604-7204, Telephone: 312-730-1560, Fax: 312-730-1576, Email: OCR.Chicago@ed.gov.



# **SHOOTING**

### KIDS ENTERING GRADES 3 – 8 (FALL 2025):

This camp is designed to improve the fundamental mechanics of shooting the basketball as well as incorporating high-volume shots used at game speed. Participation is limited — register today!

Class ID: 153847 (grades 3 – 8)

Date and Time: August 11 – 13, 8:30 a.m. – noon

Fee: \$100 (Includes camp T-shirt)

Place: Michael J Gould Kirkwood Recreation Center. Kirkwood Community College, Cedar Rapids

Registrations and payment are due August 10. Camp is limited to the first 100 participants!

All campers, coaches, and staff members are encouraged to bring their own personal water bottles for the entirety of each camp.

Register online at www.kirkwood.edu/ce, search Basketball Class ID: 153847, or call 319-398-1022 with registration questions.

> For more information about either camp, contact Lynn Lueck, 319-398-4909, or Lynn.Lueck@kirkwood.edu.

### BACK TO **SCHOOL**

### KIDS ENTERING GRADES 3 – 8 (FALL 2025):

Close out summer with a fun filled, developmental experience with the men's basketball staff and players! This camp is structured for campers to improve their fundamentals through a variety of station breakdowns, competitions and games.

Participation is limited — register today!

Class ID: 153848 (grades 3 - 8)

Date and Time: August 18 – 20, 8:30 a.m. – noon

Fee: \$100 (Includes camp T-shirt)

Place: Michael J Gould Kirkwood Recreation Center. Kirkwood Community College, Cedar Rapids

Registrations and payment are due Aug. 17. Camp is limited to the first 100 participants!

All campers, coaches, and staff members are encouraged to bring their own personal water bottles for the entirety of each camp.

Register online at www.kirkwood.edu/ce, search Basketball Class ID: 153848, or call 319-398-1022 with registration questions.

Participant Name							
Address							
City, State, ZIP		************					
Home Phone Number							
T-shirt Size (youth) M	L	(adult)	S	M	L	XL	
Date of Birth		Age					
Grade (Fall 2025)							
Parent or Guardian Name						• • • • • • •	
Email Address							
Daytime Phone Number			********			• • • • • • • •	
Emergency Phone Number							
Alternate Emergency Contac	ct						
Alternate Emergency Phone	Numb	er					
SESSIONS SHOOTING CAMP (9 Aug. 11 – 13 8:30 a.m. – noon	•	<b>es 3 – 8)</b> ass ID: 15	53847		\$1	100	
O BACK TO SCHOOL O	CAME	o (grades	s 3 – 8	3)			

Make check payable to Kirkwood Community College. Mail check and registration to:

Class ID: 153848

Total Enclosed \$ .

\$100

**Kirkwood Community College Continuing Education** 6301 Kirkwood Blvd., SW Cedar Rapids, IA 52404

Aug. 18 - 20

Total Sessions \_\_\_\_

8:30 a.m. – noon