

COACH KENO DAVIS BASKETBALL CAMPS

Team Camp

**RELEASE TO TAKE TEAM OFF-CAMPUS DURING CAMP**

I give permission for Coach \_\_\_\_\_ at \_\_\_\_\_ High School, or any of his coaching staff members, to take my son \_\_\_\_\_ off campus during the Coach Keno Davis Basketball Camps, LLC Team Camp. My son will be staying at Central Michigan University June 23-24, 2018. My son is allowed off campus with his coaching staff and team for food and beverages on the evening of June 23, 2018.

Coach \_\_\_\_\_ will be responsible for my son at all times off campus, and he must communicate with the Assistant Conference Manager and/or Camp Director DJ Mocini before departure and upon return with all attendees.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Events and Conference Services

\_\_\_\_\_  
Date