

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 29-30, 2019. My son is allowed off campus with his coaching staff and team for food and beverages during the two day event.

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