

# 2012 Ken Rockhold Basketball Officials Camp

\*Sponsored and Approved by the OHSAA\*

\*In 2012, camp attendees will receive credit for one local association rules meeting!\*

We have designed our program to help officials enhance their officiating skills and to gain valuable insight and experience. We focus our attention on in-depth instruction as well as giving campers valuable exposure to local high school assigners.

June 15<sup>th</sup> - June 16<sup>th</sup> at Cleveland State University

Tentative Schedule:

Friday – 9:00 a.m. – 9:00 p.m. / Saturday – 8:00 a.m. – 3:00 p.m.

Tuition is just \$109.00 and includes:

- On-floor and classroom instruction by outstanding college and high school officials
- Training in 3-Person Mechanics
- Observation by high school officials assigners
- Guest speakers
- Personal observation and feedback from Ken Rockhold

-----REGISTRATION FORM-----

Camper's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Payment Information

Credit Card: Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ Personal Check enclosed \_\_\_

Card Number: \_\_\_\_\_ Exp. date \_\_\_\_\_

An \$8.00 handling fee will be added to all credit card payments. **Checks should be made payable to: Blue Streak Summer Camps.**

-----WAIVER-----

I hereby release Blue Streak Summer Camps, Inc. and all its employees, and Cleveland State University and all its employees, from claims on account of injuries that may be sustained by me while attending the camp. I also agree to indemnify Blue Streak Summer Camps, Inc. and all its employees, and Cleveland State University and all its employees, for all claims that may hereafter be presented as a result of any such injuries. I also consent to the performance of such treatment and/or emergency procedures as deemed necessary or advisable by the hospital staff member in charge of the emergency receiving room. I understand there are no refunds under any circumstances or for any reason.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Date

**\*No camper will be allowed to participate without this form signed.**

Please return this form to: Ken Rockhold Basketball Officials Camp, 9155 Old Meadow Drive, Chagrin Falls, Ohio, 44023.  
7 days before camp, you will be sent a complete information packet.

For more information, call 440-287-7644