



# **MOUNT MERCY UNIVERSITY**

**CO-ED BASKETBALL  
SUMMER CAMP  
2026**

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Grade: 2nd-8th

July 13,14,15,16

Time: 9:00AM-12:00 PM

Cost: \$100

# SIGN UP!

NAME:

GRADE:

SCHOOL:

T-SHIRT SIZE:

## ONLINE SIGN UP LINK:

<https://boysbasketball.mustangcamps.com/>

Make Checks Payable To:  
Mount Mercy Men's Basketball

## Contact Information:

HEAD COACH

**Aaron Jennings**

Email: [AJENNINGS@MTMERCY.EDU](mailto:AJENNINGS@MTMERCY.EDU)

Office: (319) 363-1323 ext. 1322

Location: 1330 Elmhurst Dr NE,  
Cedar Rapids, Iowa (Hennessy  
Rec Center)

I certify that I am the parent or legal guardian of the Camper. I hereby give permission for the staff of the camp, to seek, during the period of the camp, appropriate medical attention for the Camper, and for medical attention to be given: and for the Camper to receive medical attention in the event of accident, injury, or illness. I understand and agree that neither Mount Mercy University nor the camp carry insurance for injuries sustained by participants of its programs. I have reviewed the medical insurance coverage for my child/ward and have determined that it is adequate. I agree to assume the full risk of any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected with or associated with such camp. I waive, release, agree to not sue for, and relinquish all claims against Mount Mercy University, its officers, directors, agents, insurers, employees and camp staff that I or my child/ward may have as a result of participating in the camp. I further agree to indemnify, hold harmless and defend Mount Mercy University, its officers, directors, agents, insurers, employees and camp staff from any and all claims from injuries, including death, damages, and losses sustained by me or my child/ward or arising out of, connected with, or in any way associated with the activities of the camp. I agree that any photography taken of me or my child/ward while participating in the Mount Mercy University summer camps may be used for promotional purposes for Mount Mercy University or the camp.

**Signature:**

**Printed Name:**

**Relationship to Camper:**



## Medical Information/Waiver Form/Parent Consent:

**Camper's Name:**

**Birthday:**

**Allergies and Medications:**

**Allergic reactions (drugs, food asthma): Yes or No?**

**If Yes, please explain:**

**Taking any medication at this time? Yes or No?**

**If Yes, please explain:**

**In Case of Emergency:**

**Father Mobile and Work #:**

**Mother Mobile and Work #:**

**Other Emergency Contact:**

**Name:**

**Telephone:**

**Relationship:**

**Your Medical Insurance:**

**Company:**

**Policy #:**

**Name of Policy Holder:**