

Coach Butler's Crusader Basketball Camp for Rising 2nd-8th Grades



Tuesday, May 29-Thursday, May 31

Sacred Heart Gym

Camp Times: 9am-12pm

**Gym opens at 8:15am for open
gym

Complete registration on back and
return to SHS by May 22.

***Fee: \$75 ***

*includes 3 day camp and a camp t-shirt *
T-shirts are only guaranteed for pre-
registering by Tuesday, May 22. Late
registrations may be accepted. Email:
jwiest@shshattiesburg.com to verify
there is room. Complete the back
registration page and submit with the \$75
payment.

*Please make checks payable to SHS.

Participant(s) First Name: _____

Participant(s) Last Name: _____

Participant(s) Age: _____ Participant(s) Grade: _____ Tshirt size: YS YM YL AS AM AL AXL AXXL

Guardian/Parent(s) Name: _____

Guardian/Parent(s) Contact Number: _____

Emergency Contact Name & Number: _____

Allergies: _____

**Additional T-shirts may be purchased for \$10 each. Please include payment for extra t-shirts. Please indicate quantities and sizes for each additional t-shirt. _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT (Crusader basketball camp), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that my child/participant physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child/participant may participate, and that it will govern his/her actions and responsibilities at said activity.

In consideration of my child(s) application and permitting him/her to participate in this activity, I hereby take action for myself my child(ren), my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Crusader basketball camp, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Crusader basketball camp and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, my child/participant may be photographed. I agree to allow my child/participant to be photographed, videoed, or filmed for the likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature _____ Date _____ Participant's PRINTED Name _____ Age _____

Parent/Guardian Signature _____ Date _____ PRINTED Parent/Guardian Name _____