

Crusader Basketball Camp

with Coach Caleb Vaughan

9am-12pm (gym will open at 8:30 daily)

Tuesday, May 28th -Thursday, May 30th for 2-8th grades

\$75 per child (checks payable to SHS Basketball)

Child's Name: _____ 2018-2019 grade level _____

Shirt Size: YS YM YL AS AM AL AXL AXXL

(T-shirts are only guaranteed for pre-registered athletes by Friday, May 17th.)

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Contact Name: _____ Cell phone: _____

Emergency Contact Name(if different): _____ Cell phone: _____

For questions, please email Coach Vaughan at cvaughan@shshattiesburg.com

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

(All shirts must be ordered by Friday, May 17th.)

YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ AXXL ___

Registration forms and payment are due by Friday, May 17th by 3:00pm.

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.

Parent/Guardian Contact Name(printed): _____ Date: _____

Parent/Guardian Contact Signature: _____