



2019 Crusader Basketball Youth Camp



June 24th – 27th

9:00 a.m. – 12:00 p.m.

\$50.00

Concessions * Trophies * Contest * T-Shirts

CAMPERS will be given the opportunity to work with highly qualified coaches. The coaches will instruct the campers on the fundamentals of both offense and defense, ball handling skills, shooting and passing, while incorporating these skills into team play. Any questions, please contact Coach Paul Williams at (478)595-2359 or tcscrusaderbasketball@gmail.com.

T-Shirt Size:

YS YM YL AS AM AL XL XXL XXXL

Child's Name: _____ Age: _____ Date of Birth: _____

Home Address: _____
(Street) (City) (State) (Zip)

Mother/Guardian Name: _____ Mother/Guardian Phone: _____

Father/Guardian Name: _____ Father/Guardian Phone: _____

Email Address: _____

Crusader Youth Basketball Camp/Clinic Waiver/Release of Liability

In consideration of _____, my child, being allowed to participate in any way in any of the Trinity Christian School sports clinics/camps related events and activities the undersigned acknowledges and agrees:

1- The undersigned parent or legal guardian and player hereby acknowledges that participating in the above Trinity Christian School Camp/Clinic and its competition carries with it the potential risk of injury, and as such the undersigned hereby assumes the risk of such possible injury. I do understand that there is a small risk of potentially catastrophic injury by participating. I assume financial and legal responsibility for any injury or injuries suffered during participation in the above mentioned sports camp/clinic. I am aware of the risks and assume the responsibilities associated with participation in the sports listed above.

2- Recognizing the possibility of physical injury associated and in consideration for Trinity Christian School Camps/Clinics accepting the registrant for its programs and activities (the "Programs"), I hereby release, discharge and/or indemnify Trinity Christian School, its directors, coaches, sponsors, employees and associated personnel, including the facilities utilized for the Programs, against any claim, loss, damage or other disability.

3- Trinity Christian School, its employees or agents are not responsible for accidents and medical and dental expenses incurred as a result of participation in this program.

4- My child is covered by family/personal insurance and is in good health and able to participate in the physical activity of a rigorous program.

5- I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

6- I also give my consent to use photographs and/or images of my child on any promotional publication materials. (i.e. flyers, website, social media maintained or supported by Trinity Christian School, its directors, coaches, sponsors, employees and associated personnel)

7- I grant permission to the director, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment deemed necessary (including surgery, X-ray examinations and anesthesia to be rendered to said minor by a licensed physician, nurse).

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I, _____, declare that I am the Father/Mother/Guardian of the above named minor.
(Full name of parent or guardian) (circle correct title)

Signature of Parent or Guardian

Date

Insurance Company: _____

Policy # or Group #: _____

Medical Information:

Allergies: _____

Medication presently taking: _____

Past illness or other information that would be useful in the event that treatment is necessary:

Emergency Numbers:

Name: _____ Relationship: _____

Phone: _____