



BOYS and GIRLS Basketball CAMP



Grades: First - Sixth

Dates: February 20TH - 22ND

Time: 9:30am-11:00am

Fees:

*\$30.00 for 1 Child
\$50.00 for 2 Children
\$65.00 for 3 Children*

- Register by February 7TH to secure a t-shirt*
- Call Bill for more information at 315-548-8484 or
Email- Bill@phelpscc.org*



Phelps Community Center Boys and Girls Basketball Camp Registration Form

(Player name/ Shirt Size _____ Shirt size: S, M, L, XL Adult- S, M, L, XL
Date of Birth _____
Address _____
Current School Grade _____
Mother's Name _____ Phone # _____
Father's Name _____ Phone# _____
E-Mail _____

Request for Permission: I, the above referenced youth athlete's parent/guardian, hereby register my child to participate in the above listed activity. **Assumption of Risk of Injury:** I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that my child will be under the supervision and direction of a Phelps Community Center. I agree to follow the rules for the sport and the instructions of the coach in order to reduce the risk of injury to my child and other athletes. However, I acknowledge and understand that the coach can't eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in the Sports camp. **Release:** In consideration of the Phelps Community Center allowing my child to participate in sports leagues, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the Phelps Community Center, and their respective staff, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in PCC leagues, activities, field trips or the above-described sports league; and do hereby expressly assume the risk of injury associated with participation in said sports activities. **Photographs:** Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to me or my child. **Parent Initials:** _____
Transportation: Parents are responsible for providing transportation for their child to and from league. **Certification of Child's Fitness and Medical Authorization:** I, the undersigned, hereby certify that to the best of my knowledge, my child is physically able to safely participate in the sports activity for which he or she has been registered. In addition, I understand that in the case of the illness or injury of my child the Center will try to notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Center officials or my child's coach to obtain the necessary medical care and/or treatment for my child, including, but not limited to first aid, X-ray Examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or Treatment.

Name of insurance company: _____ **Insurance Policy Number:** _____

IN WITNESS WHEREOF, I have executed this Permission, Waiver/Release and Medical Certification for with full knowledge of its contents on this the _____ / _____, 20_____.

Parent/Guardian Signature and Print Parent/Guardian Name