

Note: It is important if any injury or illness occurs that the information concerning your health insurance (policy number and the name of your company) is readily available to the camp director or medical facility that is used. Camp insurance is secondary to any personal health coverage. We (I), represent that

We (I) have sought the opinion of our child's family physician, and hereby acknowledge that our child is physically fit and fully capable of participating in basketball and camp activities. We (I) understand that, as with any sport, injuries can occur. We (I), the undersigned hereby certify that We (I) are (am) the parent or legal guardian of the camper. I hereby give permission for the staff of the Camp, during the period of the Camp, to seek appropriate medical attention for the camper, and for medical attention to be given in the event of accident, injury, or illness.

PERMISSION FORM We (I) the undersigned, hereby accept liability, acknowledge and understand that Barefoot Basketball Inc. is a privately run sports camp and is not operated by or through UNC Wilmington, and We (I) release the aforementioned corporation from liability. This sports camp is owned, controlled and operated by Karen Barefoot, the head women's basketball coach at UNCW.