

PARTICIPANT NAME _____
PARTICIPANT PARENT / LEGAL GUARDIAN _____
ADDRESS _____
STATE _____ ZIP _____ PHONE: _____

Parental Consent/Release of Liability

PARTICIPANT RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the **Barefoot Basketball Inc. Camps**, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for concussions, broken bones, sprains, ligament damage, muscle tears, permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. **Governing Law and Jurisdiction.** The laws of the State of North Carolina shall govern the validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating to the construction, validity, performance and enforcement of the Agreement shall be in the courts of the State of North Carolina.

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. (Sign if 18 or older)

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

I understand that extreme lack of sportsmanship, abusive language or acts, threatening language or acts, use of illegal drugs, illegal behavior or illegal acts will result in the ejection of the camper with out reimbursement. I also understand that I am responsible for any damages that this participant may have intentionally caused or been a part of.

_____ Age: _____ Date Signed: _____
PARTICIPANT'S SIGNATURE (if over 18)

Print Name of Parent/Legal Guardian _____

PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE # Date

Please fill out this form and bring it with your Balance owed (if applicable).
Deposits will be applied to your balance. Make checks payable to Barefoot Basketball Inc.

Bring this form (signed by Parent or Guardian) the day of camp

BarefootBasketball@gmail.com 757.817.0525

Barefoot Basketball Inc. - 2017SUMMER BASKETBALL CAMPS

___ Jun 17 Elite Academy ___ Jun 18-21 Team Camp ___ Jul 10-13 Day Camp

Medical History Form/Medical Treatment Authorization

In order to enable local health facilities and/or our hired Certified Athletic Trainer to provide prompt care to your minor, we urge you to read and complete this consent form. This will enable us to help your child without delay in the event of an emergency. Use the back side if necessary to describe.

Birth Date: _____ **Date of Last Tetanus Shot:** _____

If Yes, Please describe

No _____ Yes _____ Allergic Reaction _____
_____(drugs, food, Insects, etc.)

No _____ Yes _____ Taking any medication at this time _____

No _____ Yes _____ Any previous physical injuries and/or limitations _____

(Surgeries, injuries, concussions, diabetes, asthma, etc. - list date of injury or surgery if appl.)

Emergency Contacts:

Name of parent or legal guardian: _____

Cell # : _____ Other Phone: _____

Other Emergency No. (List person/# to contact) _____

Medical Insurance is Mandatory for all Campers.

Your insurance Company: _____

Policy # _____ Name of Policy Holder: _____

Any instructions regarding your insurance: _____

I/We, the undersigned hereby certify that I (we) am (are) 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, and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, and have medical insurance to cover these costs. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in basketball and camp activities.

I/We, represent that I/We have sought the opinion of our child's family physician,

Name of Camper's Physician _____

And he/she concurs that the above-named camper is fully capable of safely engaging in these activities

I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sports activities, and I/We are confident that he/she is able to engage in such sport.

Signature of Parent or Guardian: _____ **Date:** _____