

REGISTRATION FORM - 2007 RAIDERS MEN'S BASKETBALL CAMP

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____

Parent(s)/Guardian(s) Names: _____

Home Phone: _____

Cell Phone: _____

Age: _____ Adult Shirt Size: S M L XL XXL

Waiver Statement

I hereby request that you accept this application for the Seminole Community College Basketball Camp and allow my child, _____, to participate in the camp during the dates set forth in this application and for which I have applied. I recognize that there are dangers, risks and possible injuries which are inherent in and may result from participation in activities. I excuse Seminole Community College, including its regents and employees, from any liability, cost or damages should any injury or illness occur to my child while participating in the activities or which may in any way arise from or relate to the activities, including serious injury or even death. I have instructed my child to obey all rules, regulations and instructions in an effort to help minimize such risk. In the event of possible injury, I give permission for emergency medical care.

I agree to be responsible for all costs which may be associated with medical care provided.

Insurance Company: _____

Insurance Policy #: _____

Name of Insured: _____

Please list any and all restrictions, medical conditions, allergies or medications which Seminole Community College should be aware of:

I have fully read and agree to the terms of this Release and Authorization for Medical Treatment.

Parent/Guardian

Signature: _____

Printed Name: _____

Date: _____

First Emergency Contact

Name: _____

Home Phone #: _____

Work Phone #: _____

Second Emergency Contact

Name: _____

Home Phone #: _____

Work #: _____