



VALDOSTA STATE UNIVERSITY WOMEN'S BASKETBALL CAMP
RELEASE AND WAIVER OF LIABILITY MEDICAL HISTORY FORM

Check All that Apply:

- Elite Camp, June 3rd (\$75)
- Kids Camp, June 5th-8th (\$100)

Camper's Name _____	Birth Date _____	Grade for Fall 2017 _____
Parent/Guardian's Name _____	Relationship _____	
Does camper have allergies? ___No ___Yes, List: _____		
Is camper currently on medications? ___No ___Yes, List: _____		
Does camper have loss of a paired organ (kidney, eye, etc.)? ___No ___Yes, List: _____		
<u>IN CASE OF EMERGENCY</u>		
Father's Name _____	If you have a <u>yes</u> answer to any of the above, you must include a physician's permission to participate.	
Home/Cell & Work Phone _____		
Mother's Name _____		
Home/Cell & Work Phone _____		
Other Emergency Contact Name & Phone _____		
Medical Insurance Co. Name _____	Policy Holder Name _____	Policy No. _____
Any instructions regarding your insurance _____		
<p>I/We, the undersigned, hereby certify that I/we am/are the parent/legal guardian of the camper. I hereby give permission for the staff of the Camp to seek, during the period of Camp, 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 an accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.</p> <p>I/We, the undersigned, for ourselves and/or as guardians of (Print Camper's Name Here) _____ understand that basketball is an active, physical sport and that injuries can take place during play. I/We also understand that there will be a number of children attending camp, there will be a limited number of coaches and/or counselors, and my/our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that my/our child is physically fit and mentally capable of participating in these camp 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 sport's activity, and I/we are confident that he/she is able to engage in such sport.</p> <p>For the sole consideration of my child's participation in the Camp as outlined, above I agree to indemnify and hold harmless Valdosta State University, and the Board of Regents of the University System of Georgia their members individually and their officers, agents, and employees (current and former) from any and all claims, demands, claims for attorney's fees whatever kind or nature which might be asserted against them, rights and causes of actions of whatever kind, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representatives, dependents, or otherwise, arising from my Child's participation in connection with his/her activities at and through Valdosta State University.</p> <p>I hereby certify that I am eighteen (18) years of age or older, suffering under no legal disabilities, that I have read the foregoing document carefully and hereby sign this agreement voluntarily and for my own free will.</p>		
Parent/Guardian Signature _____	Date _____	

Camp Application Form

Camper's Name: _____	Phone #: _____
Home Address: _____	City/State/Zip Code: _____
Height: _____	Age: _____
Grade (for Fall 2017): _____	T-shirt size (adult) S M L XL XXL
Parent Email Address: _____	Parent Cell: _____
School: _____	Coach's Name: _____

Make all check or money orders payable to:

Valdosta State Foundation

Memo: Women's Basketball

MAIL APPLICATIONS TO: VSU Lady Blazer Basketball Camp, Valdosta State University, 1500 N. Patterson St., Valdosta, GA 31698
E-MAIL: scanned copy to ckuhns@valdosta.edu **FAX:** 229-333-5972 c/o Coach Carley Kuhns