

# St. Anne Mavericks Basketball Camp Application Form

PLEASE READ BOTH PAGES, PRINT LEGIBLY & COMPLETE IN FULL

## PLAYER INFORMATION

Player's Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(street, city & zip code)

SHIRT SIZE (Youth): S M LG XL (Adult): S M LG XL

School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(street, city & zip code)

Email: \_\_\_\_\_ Pager/Cell or other number: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## HEALTH AND MEDICAL INFORMATION

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(street, city & zip code)

Medical Plan: \_\_\_\_\_ Plan#: \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by attending Physician:  Yes  No

Please state any reasons why you do not want medical care given to your child in case of emergency: \_\_\_\_\_

List all conditions, such as allergies and seizures, for which your child requires ongoing medication and state the type of medication given: \_\_\_\_\_

Has your child had difficulty with the following (please check all that apply):  Asthma,  Fainting Spells,  Convulsions,  Diabetes,  Heart,  Eyes,  Ears,  Nose,  Throat,  Lungs,  Digestion,  Other: \_\_\_\_\_

List any physical restriction or restriction for any sport activity on the basis of medical conditions: \_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

**IT IS STRONGLY RECOMMENDED THAT EACH CHILD HAVE A PHYSICAL EXAMINATION PRIOR TO PARTICIPATION IN ANY SPORT ACTIVITY.**

\*\*\* DO NOT WRITE IN THIS SECTION \*\*\*

FEES PAID: \$ \_\_\_\_\_  CASH OR  CHECK - CHECK NUMBER: \_\_\_\_\_ DATE RECEIVED: \_\_\_/\_\_\_/201X

APPLICATION / FEE RECEIVED BY: \_\_\_\_\_

(PLEASE PRINT)

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY  
AGREEMENT**

In consideration for being permitted to participate in the sports activities of the St. Anne Mavericks Camp, use the equipment provided and to enter the facilities of utilized by St. Anne CYO for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue St. Anne, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating in sports activities or in, upon or about the facilities or equipment.

**PARENTAL PERMISSION & ACKNOWLEDGEMENTS**

2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of St. Anne (or facilities utilized by St. Anne), its facilities or equipment, or while participating in any sports activities whether caused by the negligence of Releasees or otherwise.

3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above.

\_\_\_\_\_  
Signature of Parent or Guardian (Mother)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (Father)

\_\_\_\_\_  
Date