

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)
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: ____/____/2009

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 Maverick 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