

Today's Date: _____

Student Name: _____ Date of Birth: _____ Grade: _____

Sport/Activity: Girls Basketball Clinic for Grades 6, 7, 8

Date(s)/Time: July 18-21, 2022

Time: 9 a.m. – 12 noon

EMERGENCY CONTACT(S)

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

T-SHIRT SIZE: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

SECTION I

Parent Consent

I hereby certify that the student named above may participate in the sport/activity as also named above. Such participation may include, among others, practice sessions, drills, and competitions.

SECTION II

Insurance

All students who participate in an athletic programs at John Bapst must have some form of insurance to cover injuries.

I understand that as a Parent/Guardian, I am responsible for any medical expenses which may occur as a result of athletic injury during participation.

Insurance Company: _____ Policy Number: _____

SECTION III

Release of Claims of Liability for Negligence

I release John Bapst Memorial High School, its officers, employees, and agents from ANY AND ALL CLAIMS and causes of action for loss of or damage to property, personal injury or death arriving directly or indirectly out of any travel or activity conducted by or under the control of John Bapst Memorial High School, INCLUDING CLAIMS OF LIABILITY FOR NEGLIGENT ACTS OR OMISSIONS, except insofar as said loss, damage, injury, or death results directly from intentional acts by John Bapst Memorial High School officers, employees, or agents.

SECTION IV

Payment

The cost to participate is \$75 and payment is enclosed. Fees collected by June 30, 2022 will ensure a clinic t-shirt at the start of the event. Any registration received after that, including on the first day of the clinic, may cause a delay in receipt of clinic t-shirt. Please make check payable to John Bapst and note *Girls Basketball Camp* in the memo line.

PARENT/GUARDIAN SIGNATURE – REQUIRED

I have read, understand, and agree to sections I through IV of this form and authorize my student to participate.

Signature of Parent/Guardian: _____ Date: _____

Please return this completed form and payment (check made out to John Bapst with “girls basketball camp” in the memo line) to Coach Kelley, John Bapst, 100 Broadway, Bangor 04401