

Child's Name _____

Spring Valley Camp Five Star Camp ACE Basketball Camp

Please Read Carefully and Sign

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? _____ yes _____ no

If yes, please state condition

If you wish to have your doctor contacted in case of emergency:

Doctor's Name _____

Phone # _____

EMERGENCY AUTHORIZATION (from above)

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors, vehicle drivers, as my Agents to consent to medical, surgical or dental examination and/or treatment in case of emergency. I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Authorization Signature: _____

Date: _____

WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of Spring Valley Camp primarily administered by parents, who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless Spring Valley Camp, employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Spring Valley Camp sponsored event, including any physical injury by the negligence of any official, referee or coach while performing his/her duties during any training or games.

Signature of Parent or Guardian:

Date: _____