



MEDICAL / LIABILITY RELEASE & FINAL CONFIRMATION June 15-18 Camp Austin High School 2010

THE ACADEMY STILL HAS SPOTS FOR 8TH, 9TH AND 10TH GRADERS

If you have a friend or relative interested in attending, make sure they email or call Coach Terroba at (512) 784-3399. We only have a few spots left and we want to be sure to have the space and staff to provide the proper camp experience. Call ahead if you plan on walking up on Sunday Afternoon.

Don't forget your basketball, notebooks and pen or pencil. It would also be great to have a bag to store your gear and notebooks.



NELSON

TERROBA

SHIRT SIZE: L

Address: 3445 Blank Drive

AGE: 12

GRADE: 9

CITY: Austin TX ZIP 78546

PARENT NAME: Mom Terroba

EMAIL: nterroba@mail.com

HOME: 512-345-6789

EMERGENCY: 512-345-6546

SCHOOL: DS Middle School

PAYMENT INFORMATION



TUITION:
GATORADE:
LUNCH:
CONCESSIONS:
TEAM PICTURE: N/A

SUBTOTAL
AMOUNT PAID:
CHECK NUMBER:

ADJUSTMENTS:
Referrals, discounts

BALANCE:

MEDICAL INFORMATION

MEDICAL CONSENT: NO SHOW RE

ALLERGIES:

MEDICATIONS:

INSURANCE:

POLICY NO:

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EXPRESS ASSUMPTION OF RISK (15.22.1) Shared Responsibility for Camp Safety

Parents/Guardians of Prospective Campers: Participation in sports camps requires an acceptance of risk of injury. Periodic analysis of injury patterns continuously lead to refinement in rules and regulations and other safety guidelines. However, to legislate safety via the rule book and equipment standards is seldom effective in and of itself. There are various safety concerns to be aware of. Some are regularly identified and addressed (i.e. heat illness and the administration of liquids frequently during camp sessions). Other safety concerns remain as such due to the camp participant's questionable compliance with specified guidelines (i.e. wearing all protective equipment issued, proper footwear, etc.). Some may be less clearly identified (i.e. head and neck injuries, knee injuries) and therefore, prevention and protection are difficult. risks.

RELEASE AND INDEMNIFICATION AGREEMENT (15.22.2)

I am the Parent/Guardian of the above-named participant who is under eighteen years of age and am fully competent to sign this Agreement. In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the above named institution, its governing board, officers, employees and representatives from any and all liability to Participant. Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

I, the undersigned, as the parent or legal guardian of **NELSON TERROBA** (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and Hoops 101 Basketball Camp and its employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

PARENT SIGNATURE _____ Date Signed: _____

FASTBREAK REGISTRATION

- Review this form & print it out.
- Email or call with any changes or disputes to Coach Terroba at (512) 784-3399 or help@hoops101camp.com.
- Sign at the bottom once you have confirmed the information.
- Make checks payable to:
HOOPS 101 Basketball Camp DO NOT MAIL IT IN IF WE HAVE NOT RECEIVED IT AS OF THIS EMAIL.
- Bring this signed form and your check with you to registration Monday morning.
- This signed form will serve as consent to treat and medical release. **ALL CAMPERS MUST COMPLETE THIS FORM TO PARTICIPATE.**

QUESTIONS? Call Coach Nelson Terroba at (512) 784-3399 or email us at help@hoops101camp.com.

www.hoops101camp.com

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