

BASKETBALL CAMP REGISTRATION FORM

Camper Name: _____ Age: _____ Height: _____ Weight: _____
School: _____ Grade Entering Fall 2018: _____
Address: _____ State: _____ Zip: _____
Parent/ Guardian Name(s): _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Emergency Contact: _____ Emergency Number: _____
Athlete has insurance: Yes or No Insurance Company: _____

T-SHIRT SIZE

___ Youth Small ___ Youth Medium ___ Youth Large
___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large ___ Adult XX-Large

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by Loya Basketball Camps during the selected camp. In exchange for the acceptance of said child's candidacy by Loya Basketball Camps, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Loya Basketball and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Loya Basketball. Including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball.

Medical Release, Video/Picture Use and Authorization

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to Loya Basketball, LLC and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

I hereby give permission for my child to be photographed/video recorded while at camp. I give permission for photos and video taken at camp to be used on the Loya Basketball Camp website, social media accounts, or local advertising.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Parent Signature: _____

Date: _____



Please See Reverse Side



CAMPS ATTENDING

Please Mark Camp(s) Attending				
<u>Skills Camp</u>	<u>Playmaker Camp</u>	<u>Playmaker Camp</u>	<u>Next Level Camp</u>	<u>Next Level Camp</u>
Boys and Girls July 2-6 At Salisbury – Elk Lick HS	Girls July 23-27 At Penn Highlands	Boys July 23-27 At Penn Highlands	Boys July 20-21 At Salisbury – Elk Lick HS	Boys August 3-4 At Penn Highlands

Camp	Cost	
Skills Camp	\$ 60.00	\$
Playmaker Camp	\$100.00	\$
Next Level Camp	\$50.00	\$
Amount Owed	\$	

Return Form and Make Payment

Mail to:
 Loya Basketball
 P.O. Box 417
 Salisbury, PA 15558

Please make checks payable to:
 Loya Basketball



Loya Basketball, LLC

814 – 662 – 6117

landonloya@loyabasketball.com

www.loyabasketball.com