

Hoops Effect Training Registration and Liability Waiver

Player's Name *

First Name Last Name

Grade - Please enter just the number ex. 4,5,etc... *

Parent/Guardian Name *

First Name Last Name

Parent/Guardian Email *

example@example.com

Parent/Guardian Best Phone Number *

Please enter a valid phone number.

Emergency Phone Contact (other than parent listed above) *

Please enter a valid phone number.

Medication/Medical Conditions (if none, enter NA) *

Insurance Company/Policy Number/Preferred Hospital (if none, enter NA) *

Assumption of Risk & Release, Consent for Treatment: As the parent or legal guardian of a participant in Cam Sports South Program, I hereby give my full consent and approval for my child to participate. I understand that there are certain risks of injury inherent in the practice and play of the sport of basketball. I am willing to assume the full risk of injury, including death, damages or loss, which my child may sustain as a result of participating in this sport. I hereby certify that my child is fully capable of participating in basketball sports camps and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Cam Sports South, coaches, volunteers, supervisor and representatives for any injury, including death, damage or loss that may be suffered by my child in the course of participation in this sports or any and all activities connected with or associated with this program, whether the result of negligence or any other cause. In case of accident or illness, I hereby give permission that my child may be given emergency treatment. In the event that I can not be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operation and treatment or all other related care, including administration of drugs, drug test, injuries, anesthesia and /or blood transfusion of the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for the emergency treatment. I hereby consent to the release of medical reports to any doctor, dentist or agency and consent to the admission of the above named minor person to the hospital.

Date *



Month Day Year