

COACH Z'S BASKETBALL CAMP AT EMORY UNIVERSITY

Name _____

Address _____

City _____ State _____ Zip _____

Age (at start of camp) _____

Parent(s) _____

Home Phone _____ Work Phone _____

Parent's E-Mail (to send an e-mail confirmation) _____

Circle camp(s) & fill in enclosed payments below:

Session I – June 6 - June 10 (Boys, Ages 6-16) Enclosed

Full Payment	\$330 (\$340 Online Registration)	_____
or		
Deposit	\$100	_____
Before Care	\$50	_____
After Care	\$50	_____

Session II – June 27 – July 1 (Boys, Ages 6-16)

Full Payment	\$330 (\$340 Online Registration)	_____
or		
Deposit	\$100	_____
Before Care	\$50	_____
After Care	\$50	_____

Session III – July 18 – July 22 (Boys, Ages 6-16)

Full Payment	\$330 (\$340 Online Registration)	_____
or		
Deposit	\$100	_____
Before Care	\$50	_____
After Care	\$50	_____

Make checks payable to:
Coach Z's Basketball Camp Inc.
Mail to:
Coach Z's Basketball Camp
Attn: Jason Zimmerman
Woodruff Physical Education Center
26 Eagle Row
Atlanta, GA 30322

****Signature Required on Consent****

SUMMER CAMP RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Every Participant must have a completed and signed release form to turn in at registration on the first day of camp to participate. ALL areas must be completed.

Minor's Name

First: _____ Middle Initial: _____ Last: _____

Address: _____	City, State & Zip: _____	Phone Number: (_____) _____ - _____
Camp Dates: _____ _____	Location on campus where you will attend camp: _____	Camp Type: _____ _____
School/Group Name: _____	School/Group Address: _____	School/Group Phone Number: _____
Name of Parent / Legal Guardian: _____	Parent/Legal Guardian Mobile #: _____ Work: _____	Parent/Legal Guardian Email Address: _____

I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above camp to be conducted by Coach Z to be held at Emory University. I, on my own behalf and on behalf of the Minor our heirs, representatives, executors, administrators and assigns, do hereby release, relieve, covenant not to sue and forever discharge, indemnify and hold harmless, Emory University, its trustees, officers, agents, employees, students, and volunteers (hereinafter collectively "Releasees") of any and from all claims, demands, rights, liabilities, losses, expenses, and causes of action (with the exception of gross negligence or willful misconduct) of whatever kind or nature including, but not limited to, negligence, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from any participation in or in any way connected with arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I, on my own behalf and on behalf of the Minor, hereby warrant that I have read this Release of Liability in its entirety and fully understand its contents. I, on my own behalf and on behalf of the Minor, am aware that this Release and Liability releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness.

Medical Release. I, on my own behalf and on behalf of the minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, on my own behalf and on behalf of the Minor, acknowledge that the Minor is in good health, physically fit and mentally capable of participating in Camp activities, and is covered by accident and health insurance, and I hereby give full approval for my child's participation in the Camp. In the event of such illness or injury, I authorize Emory University and Coach Z to obtain necessary medical treatment of the Minor and hereby, on my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Camp and while traveling to and from the site for the Camp.

Camp Rules. I further acknowledge and understand that Emory University and Coach Z have established rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which Minor and I agree to abide during the Camp), and that Minor and I will be responsible for his/her/my failure to abide by those rules and regulations. Minor and I have received, read and understand the Camp rules. Minor and I understand that violation of the rules can result in dismissal from Camp.

Insurance and Medical Information I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications. **Emory UNIVERSITY and Coach Z will not administer or supply any type of medication at camp.**

Medications if any: _____

Allergies if any: _____

I acknowledge that the Minor suffers from the following conditions: _____

Doctor: _____ Phone Number: (_____) _____ Minor Birthdate: ____/____/____

Insurance Company: _____ Address: _____

Medical Insurance Policy/Group Number - **REQUIRED**: _____ Insurance Company Phone # : _____ - _____ - _____

Emergency Information: Name to contact: _____ Address: _____

City, State, Zip: _____ Cell Phone Number: (_____) _____

Daytime Telephone: (_____) _____ Evening Telephone: (_____) _____

By signing below, I, on my own behalf and on behalf of the Minor hereby acknowledge that I have carefully read and understood the above before signing and agree to comply with the above provisions. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that, if any portion of the Release is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature of Parent or Legal Guardian: _____ Date: _____

Relationship to Minor: _____

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor: _____

Date: _____ Witness: _____

Signature: _____ Address _____ Date: _____