



2013 Celebrity Sports Camp - May 4
8:00 AM Check In - Camp 9:00 AM to 12:00 Noon
at Bethesda Academy
9520 Ferguson Avenue
Savannah, GA 31406

NAME OF PARTICIPANT _____ Home Phone _____
(Please Print)

ADDRESS _____
(Street and Number) (City) (Zip)

E-MAIL ADDRESS _____ AGE _____ SCHOOL _____

MOTHER'S NAME _____ CONTACT PHONE _____

FATHER'S NAME _____ CONTACT PHONE _____

SPORTS PARTICIPATION

(You may choose 1 or 2 sports)

Football: _____

Quarterback _____ Running Back _____ Receiver _____ Offensive Line _____

Defensive Line _____ Linebacker _____ Defensive Back _____

Baseball: _____

Pitcher _____ Catcher _____ Infielder _____ Outfielder _____

Basketball: _____

Guard _____ Center _____ Forward _____

PRE-REGISTRATION IS REQUIRED Completed forms may be faxed to (912) 351-2060 or emailed to elizabeth.brown@bethesdaacademy.org. You must pre-register by Wed., May 1st. The camp is being offered at no charge. Participation ages are 11 to 18. The camp will be limited to 150 participants. Check-In at 8:00 AM – Camp 9:00 AM – 12:00 Noon. For questions, please call 912-351-2061.

PLEASE READ & SIGN:

I, the parent or guardian of the above applicant, hereby give my approval to the applicant's participation in any and all activities during the current program. I assume all risks and hazards incidental to such participation, and I hereby waive, release, absolve, indemnify and agree to hold harmless the sports camp, as well as its sponsors and organizers (including, but not limited to Bethesda Academy, R.B. Baker Construction, Inc., Reeves Construction Co., and The Bolles School, together with all supervisors, coaches, participants, and persons affiliated with the Sports Camp from any and all claims arising from participation in the Bethesda Sports Camp). Such indemnification shall include, but not be limited to, liability settlements, damage awards, costs, and attorney fees associated with any such claims, except to the extent and in the amount covered by accident or liability insurance.

As a condition of my child's participation in the Bethesda Sports Camp, I further agree:

1. To come to the Sports Camp immediately when notified of my child's illness or misbehavior.
2. To pay for acts of vandalism or deliberate destruction of property committed by my child.
3. To notify recreational staff of any change in my telephone number and/or address and the identity of the individuals whom I have authorized the Sports Camp to contact in the event of an emergency.

I have read and agreed to comply with the Sports Camp's policies and procedures, and I understand the responsibilities for parents as listed above. I further understand that my failure to comply with my above stated responsibilities will result in the termination of my child's participation in the Sports Camp.

LIABILITY AND EMERGENCY TREATMENT RELEASE

In consideration of the benefits flowing to the Participant as a result of the Sports Camp program, the undersigned hereby waives, releases, and forever discharges its organizers, sponsors, supervisors, coaches, participants, and all of its employees and agents, from any and all claims, demands, damages, actions, causes of action or suits of whatsoever kind or nature, including, without limitation, property damage or bodily injury suffered by the Participant or the undersigned as a result of or in connection with the Sports Camp, including, without limitation, any travel associated therewith.

Being fully aware of the risk of bodily injury, the undersigned does further agree that the Participant assumes the risk of any danger involved in the Sports Camp program.

Being desirous of arranging for the medical care and treatment of our minor child during his/her participation in the above mentioned Sports Camp, I do hereby authorize the Bethesda Sports Camp staff to act in the following matters on my behalf, place and stead:

- (a) To obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health or medical facility, by any medical doctor, osteopath, nurse, surgeon, or any other practitioner of a healing art;
- (b) To do any other thing or perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of said minor child.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and to hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment.

This Medical Authorization shall remain effective until such time as the Sports Camp program has been completed.

Signature of Parent or Other Legal Guardian (if Participant is Under 18 Years Old)

Date: _____

(Name) PLEASE PRINT THE NAME ABOVE

Relationship to Participant

HEALTH INFORMATION FORM

Name of Participant _____ Date of Birth _____

Name of Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Person to contact in case of emergency: _____

Relation _____ **Emergency Phone** _____

Participant's Doctor _____ Phone _____

HEALTH HISTORY

Illnesses _____

Allergies _____

Physical Disabilities _____

Prescription drugs to be dispensed? _____

_____ How often? _____

Can Participant take aspirin? Yes _____ No _____

Name of Medical Insurance: _____ Policy No. _____