Camper's Name			
Age at CampGrade Fall 2019Date of Birth			
Mailing Address			
City/State/ZipCell Phone			
Email Address			
Parent/Guardian's Name			
School			
T-Shirt Size: Sm Med Lg Xl			
Camper's Name			
Age at CampGrade Fall 2019Date of Birth			
Mailing Address			
City/State/ZipCell Phone			
Email Address			
Parent/Guardian's Name			
School			
T-Shirt Size: Sm Med Lg Xl			
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Parent/Guardian's Name			
School			
T-Shirt Size: Sm Med Lg Xl			
Camper's Name			
Age at CampGrade Fall 2019Date of Birth			
Mailing Address			
City/State/ZipCell Phone			
Email Address			
Parent/Guardian's Name			
School			
T-Shirt Size: Sm Med Lg Xl			

THIS FORM MUST BE PRESENTED AT REGISTRATION



DAYTON WOMEN'S BASKETBALL CAMP



Medical Release Form

Last Name	First Name	Middle Name
Street Address		Age
City	State	Zip
Parent of Guardian	Home Phone	Work Phone
DO YOU HAVE AN If so, list:	Y ALLERGIES (including medication)	YesNo
ARE YOU PRESEN	TLY TAKING ANY MEDICATION?	YesNo
DO YOU HAVE AN If so, list:	Y SIGNIFICANT HEALTH PROBLEMS?	YesNo
PHYSICAN'S NAME	PHYSICAN'S PHONE	
the University of Dayto persons to provide nece	ity of Dayton athletic trainer, a member of the ath on Student Health Center and/or any other medica essary medical services for treatment of illness or pratory tests and x-rays to:	l facility designated by said

Name of Participant

I understand that I will be notified in case of serious illness or injury, or if surgical treatment is necessary.

Signature of Parent or Guardian



Informed Voluntary Consent and General Release

(For parent/guardian signature of participants under age 18)

In consideration of participation in the <u>University of Dayton Women's Basketball Team Camp</u> as described herein, and having actual knowledge and appreciation of the particulars of the program and those risks involved in this type of activity/program, I, on behalf of my child, voluntarily consent to use of the facilities and participation in the activities/programs at this site, and assume all the risks arising therefrom.

Sponsoring Organization/Department: *UD Women's Basketball Camps* Date(s): *June 6 & June 7, 2019*

I hereby declare that my child is in good health and has no mental or physical condition or symptoms that could interfere with her/his safety or the safety of others while participating in any activity using any equipment or facilities of the University of Dayton. Furthermore, I certify that (s)he has adequate health insurance to cover any injury or damage that (s)he may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages to her/him.

I, the undersigned, do hereby release, hold harmless, indemnify, waive, and discharge the University of Dayton and all its officers, agents, and employees from and against any and all claims, demands, actions or causes of action arising from any injuries or damages my child may suffer or sustain from her/his participation in, or use of, any facility, equipment, and/or programs. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in athletic and other activities, I do hereby agree to assume any and all risks, liabilities, and responsibilities for all accidents, injuries, damages, or property losses arising from my child's participation.

In the event of a medical emergency requiring more than basic first aid, I authorize University of Dayton to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above statements.

Print Name of Participant

Print Name of Parent/Legal Guardian

Signature of Participant

Signature of Parent/Legal Guardian

Date

PHOTO RELEASE:

The Dayton Women's Basketball Camp may occasionally take pictures of our camp participants for use in its promotional/advertisement materials or publications (brochures, websites, newspaper ads, etc.). By signing this consent, I agree to allow the University of Dayton Division of Athletics to reproduce the likeness of my child in such promotional/advertisement materials or publications.