



P.O. Box 1615
Plainfield, IL 60544

www.mikesimmsbasketballcamp.com

Michael Lee Simms Basketball Camp ("MLSBC") 2019 Registration Form

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Birthdate _____ Age _____
Address _____ City _____, IL Zip Code _____
Phone number _____ Parent's E-mail _____
Name of Emergency Contact _____ Phone Number _____
Alternate Name of Emergency Contact _____ Phone Number _____
Participant's School _____ GPA or Cumulative Grade: _____

CAMP INFORMATION

Camp Dates: May 18, 2019 – May 19, 2019 Time: 10:00am – 1:00pm

Youth Jersey Size: Large X-Large
Adult Jersey Size: Small Medium Large

Pick Up: Please bring a photo ID for verification when picking up the Participant. As the Parent/Legal Guardian of Participant, I agree to promptly pick Participant up by 1:00 p.m. If I am more than thirty (30) minutes late picking up Participant, I will make a non-refundable cash donation of fifteen dollars (\$15.00), at the time Participant is picked up, to the MLSBC. I also understand that the MLSBC, at its discretion, may determine whether Participant will be allowed to participate in any future camps, including any additional day/s of the camp for which Participant is registered.

Signature Required: _____ Relationship: _____

PARENT/LEGAL GUARDIAN INFORMATION

Last Name _____ First Name _____ E-mail _____
Phone number _____ Work number _____ Cell number _____

Do you reside at the same address as the Participant: Yes No; If No, provide your address below:

Address _____ City _____, IL Zip Code _____

Will you be picking up the Participant? Yes No; If other than Parent/Legal Guardian, I give permission for Participant to be picked up by: _____

(Please print name)

Relationship: _____ Phone Number: _____

Parent/Legal Guardian's Signature: _____ Print name: _____

All individuals must have a photo ID for verification when picking up Participant.

HEALTH INFORMATION

We value your privacy, and will take reasonable steps to ensure your information remains confidential.

Participant's Medical Doctor's Name: _____ Phone Number: _____

Allergies: Yes No; If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them. _____

Medical, Physical, or Emotional Conditions (including Disabilities):

If the Participant has any conditions, please provide information to assist us in providing the best camp experience for him/her. _____

Medications (including Inhalers): Yes No

If the Participant will need to take medication while at camp, please indicate here. All medications must be in their original containers and be properly labeled. The Participant must be able to administer his/her own medication. Camp personnel will not be responsible or allowed to administer medication of any kind to the Participant(s) unless it is an emergency.

Is the Participant up-to-date on all state-required immunizations? Yes No

PLEASE COMPLETE THE REVERSE SIDE OF THE FORM →



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INSURANCE INFORMATION

Is the Participant covered by family medical/hospital insurance? Yes No

Carrier or Plan Name: _____ Group #: _____

Address _____ City _____, IL Zip Code _____

Name of Insured: _____ Relationship to the Participant: _____

AUTHORIZATION OF CONSENT FOR MEDICAL TREATMENT

I (We), the undersigned parent(s)/legal guardian(s) of _____, a minor (hereinafter "Participant"), do hereby give my authorization and consent for the Michael Lee Simms Basketball Camp, inclusive of its acting staff, board of directors, volunteers, agents and assigns, (hereinafter collectively "Camp Personnel") to administer general first aid treatment for any minor injuries or illnesses experienced by Participant. If the injury or illness is life threatening or is deemed to require emergency treatment, I authorize the Camp Personnel to contact any and all professional emergency personnel. If necessary, I give permission to the medical and/or emergency personnel, including ambulatory personnel, to administer the necessary medical attention and care for the treatment of the Participant, including consent to transport, perform and administer any X-ray, anesthetic, blood transfusion, medication, dental or surgical diagnosis or treatment, or other medical care deemed advisable and/or necessary by, and to be rendered under the general supervision of any licensed physician, surgeon, nurse, dentist, hospital, or other medical profession or institution duly licensed to practice in the state in which such care and treatment is to occur. I agree to assume all financial responsibility for all expenses of such medical care, including ambulatory and/or hospital care provided.

It is understood that this authorization is given in advance of any such medical treatment, and is given to provide authority and power on the part of the Camp Personnel in the exercise of his/her best judgment and/or upon the advice of any such medical or emergency personnel. This authorization is effective beginning on the start date and ending on the end date of the Camp.

Parent's/Legal Guardian's Signature: _____ Date: _____

Print Name: _____

WAIVER, LIABILITY WAIVER, GENERAL RELEASE AND COVENANT NOT TO SUE ("WAIVER")

To the extent allowed by law, I, the undersigned am the parent/legal guardian for the Participant named herein. I hereby give my consent to Participant's participation in the Michael Lee Simms Basketball Camp (hereinafter, the "MLSBC" or the "Program"). I acknowledge that participation in the MLSBC involves or may involve the risk of personal injury to Participant or others. I understand that risk, and, for consideration of Participant being allowed to participate in the Program, I, on my own behalf and own volition, and on behalf of Participant, and both our heirs, assigns, executors, administrators or others, hereby fully release and forever discharge, and agree not to sue or initiate any legal proceeding of any kind against the MLSBC, its current and subsequent trustees, officers, board of directors, employees, volunteers, agents, heirs, successors, or persons in privity with them or any of them, both singularly and collectively (hereinafter the "Released Parties"), of and from any and all rights, claims, demands, controversies, actions or causes of action of any kind or character whatsoever, at common law, statutory law or otherwise, which I, or Participant, may have after the execution of this Registration Form, inclusive of this Waiver, for any and all liability, loss, expense, cost of every nature, causes of actions, damage of any kind or character whatsoever, whether known or unknown, directly or indirectly related to or arising from, or in any way connected with or resulting from Participant's participation in the Program.

I acknowledge and understand that the Participant, at the discretion of the Released Parties, may be asked to leave the Program, and I give permission for the Released Parties to inform me using the contact information provided herein. After being informed, I will make immediate arrangements to pick Participant up within thirty (30) minutes of being informed, but no later than forty-five (45) minutes. I understand that I may be informed via text message, voice mail, direct contact, or contact through a third party, and that it is my responsibility to make arrangements for picking up Participant, and that the Released Parties will in no way be held liable for my failure and/or negligence in picking up said Participant.

PROMOTION

I hereby give permission to the MLSBC and/or Released Parties to take photographs of Participant while participating in the Program to be used for publicity, editorial purposes, promotion, and marketing, including posting such photographs on the MLSBC website (www.mikesimmsbasketballcamp.com). I understand that I, including Participant, will not be compensated in any way for the photographs or for the use of said photographs now or in the future. The MLSBC shall maintain all rights and license.

ACKNOWLEDGEMENT

I acknowledge that the completion of this Registration Form does not guarantee that Participant will be selected to participate in the Program, and that I will be contacted if Participant has been selected to participate. I understand that there are no fees associated with Participant's participation in this Program other than a cash donation as outlined in the section entitled Camp Information: Pickup. I further acknowledge that I have read this entire Registration Form, inclusive of the subparts and the Waiver, and I fully understand it and I agree to be legally bound by the terms set forth herein. I further acknowledge that all of the information provided herein is accurate and complete.

Signature of Parent/Legal Guardian of Participant

Date