

2010 Coach T's Championship Basketball Camp Application (Camp held at Lee University)

Dates attending Camp I—June 7–11 Camp II—June 21–25

Camper name _____ Male Female

Resident camper Commuter T-shirt size (adult sizes) S M L XL 2XL

Birthdate _____ 2010–2011 grade _____

Address _____

City _____ State _____ Zip _____

Parent/guardian's name _____

Home phone (_____) _____ Cell or work phone (_____) _____

JH/HS team _____ Coach's name _____

Amount of check enclosed \$ _____

Send completed forms to: Coach T's Championship Basketball Camp

618 Sunset Valley Dr., Soddy Daisy, TN 37379

For more information: Phone (423) 619-6837 E-mail coachtamps@hotmail.com Web site: www.CoachTCamps.com

Additional forms can be downloaded at www.CoachTCamps.com



Coach T's Championship Basketball Camp Release/Waiver Form

I, _____, declare that I am the _____ of _____
(Full name of parent/ guardian) (Father/Mother/Guardian) (Full Name of minor)

and do hereby grant permission for my child to participate in the 2010 Championship Basketball Camp and do hereby authorize the director and/or staff of the Championship Basketball Camp to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care necessitated by injury or illness while the above named minor is attending the Championship Basketball Camp. Such care is to be rendered to the above named minor under the general or special supervision and on the advice of a physician or surgeon licensed to practice in the State of Tennessee.

I will be responsible for all medical bills incurred as a result of illness or accident for which medical treatment is necessary while the above named minor is attending the Championship Basketball Camp. Further, I represent that any medication to which the above named minor is allergic or currently taking is listed below and will ensure that such medication is brought with the above named minor to the Championship Basketball Camp and that the above named minor is responsible for consuming the prescribed dosage.

I further agree to defend, indemnify and hold Lee University, Coach T's Championship Basketball Camp, Bradley Central H.S., Cleveland H.S., Cleveland Middle, Ocoee Middle, any other site used, and all of its employees harmless from and against any and all claims, judgments, losses, liabilities, costs, and expenses (including, without limitation to, attorney's fees and costs) asserted against Coach T's Championship Basketball Camp and Lee University or event agents arising out of death, personal injury, property damage, or otherwise suffered by the above named minor during the visit to Lee University and/or from activities in which the above named minor participates during the visit, except that such indemnity shall not apply to any claim, suits, damages, liabilities, cost or expenses arising solely due to the gross negligence or willful misconduct of Lee University or Coach T's Championship Basketball Camp.

I hereby certify and I have read and fully understand this release/waiver form and grant permission for the above named minor to participate in all camp activities.

Insurance Company _____ Policy Number _____

Please list all medications (prescription and over-the-counter) your child is allergic to _____

Signature _____ Date _____