

PRESEASON BASKETBALL CAMP REGISTRATION FORM
PLEASE MAKE NON-REFUNDABLE CHECK PAYABLE TO:
STRIVE IN SPORTS: PO Box 634, New Providence, NJ 07974-0634

Camp Dates: November 7th & 8th

Time: 9:00am – 2:00pm

Price: \$100.00

STUDENT INFORMATION (ONLY ONE CHILD PER REGISTRATION FORM, PLEASE):

STUDENT'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ SEX: MALE / FEMALE

GRADE: _____ AGE: _____ BIRTH DATE: _____

ANY SPECIAL MEDICAL INFORMATION (s) WE SHOULD KNOW (INCLUDING ALL KNOWN MEDICATION, FOOD, OR OTHER ALLERGIES AND ALL KNOWN MEDICATION BEING TAKEN. PLEASE NOTE THAT NO MEDICATION CAN OR WILL BE SUPPLIED BY STAFF):

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME: _____

E-MAIL ADDRESS: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT (OTHER THAN NAME ABOVE, AUTHORIZED TO PICK UP CHILD OR TO CALL IN AN EMERGENCY. PLEASE NOTE THAT WE WILL ALWAYS CALL PRIMARY PARENT/GUARDIAN FIRST):

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Strive in Sports, LLC Program indicated below and/ or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below High Five Sports & Games Camp, LLC activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/WE fully understand and acknowledge that:
 - (a) There are risks and dangers associated with participation in Strive in Sports, LLC events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
 - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
 - (d) There may be other risks not known to us or are not reasonably foreseeable at his time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Strive in Sports, LLC facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the Strive in Sports, LLC event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the Strive in Sports, LLC facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.
8. I give the staff and directors of Strive in Sports, LLC permission to provide any medical assistance as needed for my child .**Photo Release Form:** I do hereby grant Strive in Sports, LLC, its representatives and employees the right to use my child's photograph or image with or without my or my child's name both single and in conjunction with other persons or objects for any and all purposes including, but not limited to private or public presentations, advertising, publicity and promotion relating thereto.

Printed Name of Participant

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent or Guardian Signature (if minor) _____

Print Name of Participaant: _____ Date: _____