



# The University of Tampa - Men's Basketball



## 2017 All-Skills Day Camp



### 2017 Registration Form

Name: \_\_\_\_\_ Grade Entering Fall 2017 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone:(\_\_\_\_) \_\_\_\_\_ School: \_\_\_\_\_

\*Emergency contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

T-Shirt Size: (circle one) S M L XL XXL (t-shirts are YOUTH sizes)

\*\*\*Email Address: \_\_\_\_\_

\*\*\*Please (x) amount being paid w/registration, either total in full, or deposit.\*\*\*

\*\*\*Remaining balance MUST be paid on the first day of camp.\*\*\*

#### All Skills Day Camp

		<u>IN FULL</u>	<u>DEPOSIT</u>
____ Session 1	June 12 <sup>th</sup> – June 16 <sup>th</sup>	____\$260	____\$160
____ Session 2	June 19 <sup>th</sup> – June 23 <sup>rd</sup>	____\$260	____\$160
____ Session 3	July 24 <sup>th</sup> – July 28 <sup>th</sup>	____\$260	____\$160

\*\*\*Registration deposits are *non-refundable* and *non-transferable*.\*\*\*

\*\*\*Payments can be made via check or money order and made out to "Tampa Boy's Basketball Camps."\*\*\*

Please mail completed Registration Form, Consent to Enroll Form, and Deposit to:

Tampa Boy's Basketball Camp  
Men's Basketball Office  
401 W. Kennedy Blvd. Box I  
Tampa, FL 33606

Questions/comments, please contact Assistant Coach/Clinic Director, Justin Pecka at 813-257-3781 or jpecka@ut.edu



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## 2017 All-Skills Day Camp

### Consent to Enroll Form

In consideration of being allowed to participate in any way in the Tampa Boy's Basketball Camps, related events, and activities, the undersigned acknowledge, appreciates, and agrees that:

- i. For myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless Tampa Boy's Basketball Camps, The University of Tampa, and any of the officers, servants, agents, or employees and if applicable, owners and leasers of premises used to conduct camp (releases) with respect to any and all personal injury and bodily injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise that may be sustained by my child/legal ward, while in, on or upon the premises where the camp activities are being conducted, and,
- ii. I as parent/guardian with legal responsibility for this camp participant, do consent and agree to release as listed above all the releases for myself, my heirs, assigns, and next of kin, and agree to indemnify the releases from any and all liabilities incidental to my minor child's involvement or participation in these programs.
- iii. I further agree to indemnify and hold harmless the releases from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my child's participation in camp activities whether caused by negligence or releases, or otherwise.
- iv. I/we, the undersigned, hereby certify that I/we, am/are the parent or legal guardian of the camper named below. I/we hereby give permission for the staff of this camp to administer during the period of the camp, appropriate medical attention to my child provided to the camper which are not paid by the camp's excess policy after all other available personal insurance has paid or declined payment.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I have no knowledge of any physical condition that would prohibit my child from participating in the Tampa Boy's Basketball Camps.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Camper Name

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy #