



The University of Tampa - Men's Basketball



2017 Spring Elite Clinic



Who: Boys ages 15-18

When: Saturday, May 20th, 11am-4pm

Where: Bob Martinez Sports Center @ Univ. of Tampa
318 North Boulevard
Tampa, FL 33606

Cost: \$120

*Payments can be made via cash, check or money order and made out to:
"Tampa Boy's Basketball Camp."

How: Mail registration form, consent to enroll, and payment to:
Men's Basketball Office
401 W. Kennedy Blvd. Box i
Tampa, FL 33606

More info can be found at www.TampaBBall.com/spring

*****Registration form and payment must be received NO LATER THAN Friday, May 12th**

Registration Form

Name: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ High School: _____
Email Address: _____ (all camp correspondence will be via email)
Emergency contact: _____ Relation: _____ Phone: (____) _____

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



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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 #