

DATE: ____ / ____ / ____

SARRELL DENTAL CENTER BASKETBALL CAMP PARENTAL CONSENT FORM

Parent must complete and sign this form to complete registration and for the camper to be allowed to participate in camp activities. Bring to the registration table for the camp you plan to attend.

CAMPER'S INFO

Name (PRINT): _____ Gender: F M
Last First MI (Preferred Name)

SS#: _____ DOB: ____ / ____ / ____ Age: _____

Address: _____
Street Apartment #

City State Zip Code

School (UPCOMING YEAR): _____ Grade: _____

Circle your t-shirt size: (Adult) S M L XL XXL (Youth): L

List any medical conditions, allergies and/or prescription medication (with dosage(s)) currently taking:

Insurance Provider: _____ Policy #: _____

PARENT/GUARDIAN INFO

Name (PRINT): _____ Gender: F M
Last First MI (Preferred Name)

Emergency Phone #: _____ Cell Phone #: _____

List the name and telephone numbers of two individuals to contact in the event of an emergency

Name Best Contact Phone #

Name Best Contact Phone #

How did you hear about the JSU/Sarrell Dental Center basketball camp? _____

CONSENT

I hereby give my permission for a qualified physician, athletic trainer and/or hospital emergency room to administer necessary healthcare in the case of an accident and/or emergency. In addition, I acknowledge that I have read and understand all information.

I hereby hold Sarrell Regional Dental Center harmless for any/all injuries or damages for the above child's participation in the camp activities. I understand and acknowledge that participation in Basketball Camp is an **inherently risky and dangerous** activity that may result in severe injury. I do, for myself, my heirs, executors and administrators, remise, release, waive and forever discharge Sarrell Regional Dental Center, and all of its officers, agents and employees, acting officially or otherwise, from all claims demands, actions, or causes of action. On account of any injury, death or property damage which may occur at any time or for any cause during participation in a Sarrell Dental Center camp or event. It is agreed that this waiver of liability is submitted to Sarrell Regional Dental Center as an inducement to include the said student in this camp or event and that this agreement is the undersigned's free and voluntary act with full knowledge of the contents of the agreement.

Photo Consent: This gives permission for the Sarrell Regional Dental & Eye Centers and its affiliates to record and use my child's and my voice/image for Non-Profit's advertising. Your name will NOT be displayed in any of our advertising material. However, for comment/video/voice/opinion/testimony purposes, your first name might be displayed about the services provided by Sarrell Dental & Eye Centers or its Affiliates. Thank you in advance for your cooperation. The voice/comment may be used on the Sarrell Website, phone waiting system, outdoor advertising or any other reasonable medium. I waive any compensation (now or in the future) for granting my voice, image, and testimony/comment/opinion for use by the Sarrell Regional Dental & Eye Centers.

I am of full legal age. I have read this release and am fully familiar with its contents.

Parent/ Guardian Signature: _____ Date: ____ / ____ / ____