

SPARTA BOYS BASKETBALL CLUB, INC.

2017/2018 CAMP ACTIVITY REGISTRATION/WAIVER

PLAYER INFORMATION		[As applicable, include player's direct email and mobile contacts]	
Player First & Last Name		Gender	Birth Date
School	Grade	Email Address	
Street Address		City, State, Zip Code	Contact Phone
Emergency Contact Name & Phone Number			

RELEASE OF ALL CLAIMS AND CONSENT TO MEDICAL TREATMENT

In consideration of the acceptance of my entry and application to participate in the activities of *Sparta Boy's Basketball Club, Inc. (SBBCI Activities)*, I hereby release and hold harmless *Sparta Boy's Basketball Club, Inc.*, the officers, directors, staff and members of *Sparta Boy's Basketball Club, Inc.*, all personnel connected with or working as volunteers for this organization and any sponsors and other individuals or entities who are assisting in the conduct of *SBBCI Activities*, from any liability or claims for injury, illness or property damage, that I sustained during my participation in *SBBCI Activities* or that in any way related to *SBBCI Activities*. I understand that this Release applies to myself, my child (if signed by a parent or guardian), and our respective personal representatives, heirs and assigns, I represent that I or my child or ward are adequately trained to participate in *SBBCI Activities*, that I recognize the risks of injuries accompanying such participation, and that I acknowledge that this Release is being relied upon by all of the above persons in permitting me to participate.

If, as a result of my participation in *SBBCI Activities*, I require medical attention, I hereby give my consent to *Sparta Boy's Basketball Club, Inc.* and the above personnel to seek medical care for myself and my child or ward (in the case of a parent or guardian) as is deemed necessary by authorized personnel of *SBBCI Activities* or medical care providers. I hereby grant permission to *Sparta Boy's Basketball Club, Inc.*, its successors and assigns, to use any photographs, video tapes, motion pictures, recordings or other record of *SBBCI Activities* and my participation or that of my child, ward, for any legitimate reason.

Date	Signature of Player [REQUIRED]
Print Name of Parents / Legal Guardians	Signature of Parent or Legal Guardian [REQUIRED]

2017/2018 SBBCI OFFICERS

President ♦ Susan Hoskins | Vice President ♦ Christi Bender | Secretary ♦ Jayme Woodhouse | Treasurer ♦ Mike Rutten
 Website: <http://sbhci.org>