



GUILFORD COLLEGE WOMEN'S BASKETBALL TEAM CAMP



Team Name: _____

Coach Name: _____ Cell Phone: _____

Coach Home Address: _____

Street

City

State

Zip Code

Coach's Email

Address: _____

Choose your division (Circle One): MS JV V AAU

Rate your team for competition level: 1-4 (4=Highest Level)

Date: June 19-21, 2018

Location: Ragan-Brown Field House

Cost: \$50 Non-Refundable deposit per player Due May 15th

\$95 Day Camper 1

\$110 Day Camper 2 (Includes meals)

\$195 Overnight Camper

\$100 Refundable Key Deposit

\$100 for additional coaches (Includes meals)

***For every 8 players a coach stays free**

Format: Open to Middle School, Varsity and JV teams!

Minimum of 10 games with 16 minute halves-running clock.

* Each player needs a copy of their **physical, assumption of risk form,** and **registration form.**

* I am enclosing the required completed Roster Form along with our check in the amount of \$_____ to reserve our spot for _____# of teams.

***MAKE ALL CHECKS PAYABLE TO: Guilford College Women's Basketball Team Camp**

Mailing Address:

Stephanie Flamini

Guilford College

5800 W. Friendly Avenue

Greensboro, NC 27410



GUILFORD COLLEGE WOMEN'S BASKETBALL TEAM CAMP



Activity Participation, Assumption of Risk, Release of Liability, and Hold Harmless Agreement

PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS, HAVE THEM ANSWERED BEFORE SIGNING THIS DOCUMENT.

In consideration of my being permitted to participate in the following described activities:

**Guilford College Girls Basketball Team Camp
June 2018 and participation in all said activities.**

Guilford College does not warrant the personal safety of participants or their property in this activity.

1. I, _____ (PRINT NAME), in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge Guilford College, its members of the Board of Trustees, servants, officers, agents, and employees, former or current, (hereinafter "College") from and against any and all liability, claims, demands, actions or causes of action, attorney's fees, costs, judgments, or expenses for damages and losses to my personal property, or my personal injury, illness, allergic reactions, including *permanent injury or death*, which may result from my participation in the aforesaid activities, whether occurring inside, outside, on or off College property, for the duration of said activities and transportation.
2. I verify that my participation in the above described activities is voluntary. I understand and acknowledge that the aforesaid activities may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries or damages. I further declare that I am physically fit and capable to participate in such activities.
3. I recognize that this Activity Participation, Assumption of Risk, Release of Liability, and Hold Harmless Agreement means I am giving up, among other things, rights to sue the College. I also understand that this Activity Participation, Assumption of Risk, Release of Liability, and Hold Harmless Agreement binds my heirs, executors, administrators and assigns, as well as myself.
4. I understand that the College does not provide life or health/medical insurance for me and that I have been advised to confirm that I have health and/or medical insurance for my participation in the above activities.
5. I will abide by all applicable state laws and College requirements. I agree to comply with all instructions and directions during participation in the above activities. Furthermore, I understand that the College reserves the right to refuse my participation for any reason that, at the sole discretion of the College, renders me unfit to participate. I acknowledge the importance of following the safety requirements while engaged in the activities.
6. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, or illness during my participation in the above activity.
7. I have read this entire Activity Participation, Assumption of Risk, Release of Liability, and Hold Harmless Agreement and warrant I am _____ years of age. I fully understand it and I agree to be legally bound by it.

Insurance Coverage Provider

Policy #

Full Name on Policy

Signature of Participant

Signature of Parent or Guardian (if Participant is under 18 years old)

Printed Name of Participant

Birthdate

Guilford College Witness

Date



GUILFORD COLLEGE WOMEN'S BASKETBALL
QUAKERS



Women's Team Camp – Registration Form

Participant:

Address:

Phone Number:

Participant E-mail:

Alternate E-mail:

Date of Birth:

Age:

Shirt Size:

Position(s):

Grade Entering:

Graduation Year:

Parent Name:

Parent Phone:

High School or Middle School Name::

Division::

Emergency Contact

Name:

Relationship to Participant:

Phone:

Alternate Phone:

Medical Conditions

Payment Information

Overnight: \$195 ____

Day Camper 1: \$95 ____

Day Camper 2: \$110 ____



GUILFORD COLLEGE WOMEN'S BASKETBALL
QUAKERS



Team Roster Form

Coach Name: _____ Email: _____

Team Name _____

Division (Circle One): MS JV V AAU

	Players Name	Position	Grade	Shirt Size
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				