

GUILFORD COLLEGE WOMEN'S BASKETBALL

TEAM CAMP



Team Name	:						
Coach Name:			Cell Phone:				
Coach Home	e Address:			Street			
			2	treet			
Coach's Ema Address:	ail	City		State		Zip Code	
Choose your	division (Circle One): MS	JV	V	AAU		
Rate your team for competition level:				1-4 (4=H	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							
<u>Format:</u>	-	to Middle School, Varsity and JV teams! rum of 10 games with 16 minute halves-running clock.					
* Each play	ver needs a	a copy of their ph y	ysical, assu	mption of risl	x form, and	registration form.	
		required comple ve our spot for			ith our che	eck in the amount of	
*MAKE ALI	L CHECKS	PAYABLE TO: G	uilford Col	lege Women's	Basketbal	ll Team Camp	

Mailing Address:

Stephanie Flamini Guilford College 5800 W. Friendly Avenue Greensboro, NC 27410





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:

Printed Name of Participant

Guilford College Witness

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.

(**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 activitiy. 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)

Birthdate

Date



GUILFORD COLLEGE WOMEN'S BASKETBALL





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:

Graduation Year: Parent Name:

Parent Phone:

High School or Middle School Name::

Division::

Emergency Contact

Name:

Relationship to Participant:

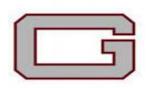
Phone:

Alternate Phone:

Medical Conditions

Payment Information

Overnight: \$195 ____ Day Camper 1: \$95 ____ Day Camper 2: \$110 ____



GUILFORD COLLEGE WOMEN'S BASKETBALL





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.				