

PARTICIPANT WAIVER

The camp has the right to dismiss any person whose actions or attitude are detrimental to the best interest of the camp, with all tuition forfeited.

In case of illness or accident, the individual shall have immediate and competent medical care. All such expenses will be billed to the individual's family medical plan. I acknowledge that at the camp, my child will participate in a sport that may involve, among other things, physical contact of my child's body with other persons or objects, including the ground, and accept the risk that my child may sustain an injury. I specifically waive, give up and release **S&F Sports**, its owners and staff from liability for any claim for damages that I or any child may have for injuries or illness that my child may sustain at the camp.

The camp is not responsible for articles or personal belongings or damaged by casualty, theft, laundry, etc.

In signing the application, the parents/guardian certify that their child is in good health, with no chronic illness or abnormal tendencies. In the event of any emergency in which my child requires medical care, I authorize the camp staff to act for me, and to obtain for my child whatever medical treatment the staff, in its best judgement, deems necessary and appropriate; including, but not limited to, whatever medical, surgical or dental examination, diagnosis and treatment deemed necessary.

I give the camp directors permission to use, at their discretion, photos taken at camp.

In the event a camper is to be picked up by an adult other than his/her parents, the camp directors must be notified in advance.

Participant Name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: _____

Relationship to Participant: _____

Emergency Contact Phone Number: _____

2nd Emergency Contact: _____

Relationship to Participant: _____

Emergency Contact Phone Number: _____

EACH PARTICIPANT MUST HAVE MEDICAL AND ACCIDENT INSURANCE.

Insurance Carrier: _____

Policy No.: _____