

FOOTHILL COLLEGE SUMMER 2009 BASKETBALL CAMP REGISTRATION FORM

PARTICIPANT'S NAME (PRINT) _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ EMAIL: _____

WHICH CAMP SESSION (S) ARE YOU ATTENDING (PLEASE CHECK):

July 13th - July 17th, 9am – 12pm July 20th – 24th, 9am – 12pm

COST: \$110 per session

PLEASE MAKE CHECKS PAYABLE TO: Foothill College Men's Basketball

PARTICIPANT'S RELEASE OF CLAIMS

I, _____, wish my son/daughter
(PRINT your name) (CIRCLE ONE)

_____ born on _____
(PRINT your child's name) (PRINT your child's birthday)

to participate in the Foothill Basketball Camp, located at Foothill College and offered by Foothill College. As his/her parent, and on my child's behalf, I make the following statements voluntarily, and with full intent that they will be relied upon:

I understand and acknowledge that Basketball is a POTENTIALLY RISKY ACTIVITY in which my child might be INJURED. I understand that it carries this risk whether or not conducted reasonably, or with negligence, by the College or other participants. Foothill College is willing to allow this activity to occur on College property, but cannot guarantee my child's safety if he/she participates. I therefore RELEASE the College; its officers and employees, from LIABILITY OF ANY KIND ARISING OUT OF ANY INJURY TO MY CHILD, HOWEVER SERIOUS, and WHICH OCCURS BECAUSE OF OR IN CONNECTION WITH THE ACTIVITY, I further agree that this RELEASE SHALL APPLY EVEN IF MY CHILD'S INJURY IS CAUSED BY NEGLIGENCE OF THE COLLEGE OR ITS OFFICERS AND EMPLOYEES. On behalf of my child, myself, my guardian, heirs and estates, I COVENANT NOT TO SUE the college or its employees in the event he/she is injured.

Date Signature of Participant's Parent/Guardian

MEDICAL TREATMENT RELEASE

If my child is injured while participating in the Foothill College Basketball Camp, I hereby consent to he/she receiving emergency medical treatment at the scene, and if necessary ambulance transportation to an appropriate hospital or medical care center.

Date Signature of Participant's Parent/Guardian

(_____) _____
Daytime phone number and contact person

(_____) _____
Emergency phone number and contact person

Please return completed signed form and check to:

Shanan Rosenberg, Men's Basketball
Foothill College
12345 El Monte Road
Los Altos Hills, CA 94022

If you have questions, please email RosenbergShanan@foothill.edu or call 650.940.7007