

BARBER-SCOTIA COLLEGE
SABERS BASKETBALL ACADEMY
BASKETBALL CAMPS & CLINICS

REGISTRATION FORM

Name _____ Age _____

School _____ Grade (Next Fall) _____

Address _____

City, State, Zip _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____

E-mail _____

Emergency Contact

Name _____

Phone _____

T-Shirt Size: (adult) S M L XL

Select All Session You Wish To Attend:

<u>“Focus On The Fundamentals Day Camp”</u> \$85.00 (per session) Mon.-Fri., 9am-3pm	
<input type="checkbox"/>	Session 1: July 6-10
<input type="checkbox"/>	Session 2: July 13-17
<input type="checkbox"/>	Session 3: July 20-24
<input type="checkbox"/>	Session 4: July 27-31
<u>“Individual Skill Development Clinic”</u> \$35.00 Fri., 5pm-8pm / Sat., 9am-12 noon	
<input type="checkbox"/>	July 17-18
<u>“Focus On The Fundamentals Day Camp”</u> \$35.00 Fri., 5pm-8pm / Sat., 9am-12 noon	
<input type="checkbox"/>	July 24-25

Academy Location: **Barber-Scotia College**

Academy Director: **Lamont Franklin**
Head Coach, Men’s Basketball
Barber-Scotia College

Make Checks & Money Orders Payable To:
Barber-Scotia College
(Mem:o Sabers Basketball Academy)

Return Registration Form, Waiver Form, and Payment To:
Barber-Scotia College
Sabers Basketball Academy
c/o Lamont Franklin
145 Cabarrus Avenue NW
Concord, NC 28025

Permission to Participate—Waiver Form

The undersigned parent(s) or legal guardian(s) (“Parent”) gives permission for _____ to participate in the athletic activity described in the attached document.

Medical Care and Treatment Consent: Release: Payment of Expenses

1. The Parent grants permission for the Camp Director and agents to take the participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if the participant becomes ill, sustains an injury or for any other reason requires medical attention or treatment. The Parent gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the participant’s life or health.
2. The Parent agrees to assume the responsibility for all medical, transportation, rescue and related expenses incurred on behalf of the participant.
3. If the Camp Director determines the participant should return for any reason, including, but not limited to, medical reasons, the Parent will assume all transportation costs.
4. The Parent releases and agrees to hold harmless, defend and indemnify Barber-Scotia College and its directors, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (Except those caused entirely by the gross negligence or intentional conduct of Barber-Scotia College) that the participant or the Parent may suffer as a result of participation in the Activity.

Describe participant’s allergies or medical conditions:

This document contains a release and waiver of liability.

Signature of Parent or Legal Guardian

Date