

# 2017 Gonzaga Women's Basketball Camp

## Camp I: June 12-15

### Player Registration

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

High School \_\_\_\_\_ Email: \_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**\*Each player must complete and have their parent or legal guardian sign for registration.**

#### NOTICE OF RISK AND RELEASE

I understand that participation in organized sports and sports instruction carries with it the risk for bodily contact that may cause injury, including but not limited to, bruises, cuts, broken or dislocated bones, concussions, and the potential for other more serious injuries. I have discussed this potential with my child and I believe that my child has sufficient physical ability, skills, knowledge and maturity and I know of no mental or physical conditions that may affect my child's ability to safely participate in this program. My child is voluntarily participating in this program. I understand that the Gonzaga Women's Basketball LLC (program operator) and Gonzaga University assume no responsibility for transportation to and from the program.

I hereby release and hold harmless the Gonzaga Women's Basketball LLC, their employees, agents and assigns, as well as Gonzaga University, their employees, agents and assigns from any and all claims I may have arising out of my child's participation in this program, including negligence, errors and omissions now and forever.

#### MEDICAL AUTHORIZATION

I hereby authorize the Gonzaga Women's Basketball LLC, their employees, agents and assigns, to act in my absence in the case of illness or injury involving my child. I understand that I am responsible for any and all medical and other charges (such as ambulance transportation) incurred in connection to my child's participation in this program. I understand that Gonzaga Women's Basketball LLC and Gonzaga University assume no responsibility for administering medication to my child or providing other services or monitoring of any health condition. If such is necessary I understand that I should discuss that with my child's coach.

#### BEHAVIORAL AND CONDUCT EXPECTATION

I agree to discuss with my child appropriate behavior and conduct that is expected while attending this program on the campus of Gonzaga University and to get an assurance from my child that they will abide by these expectations. Expectations include, but are not limited to: no use of alcohol or illegal drugs; proper respect shown towards other campus community members and authorities; proper respect shown for the property of the program, Gonzaga University and others; no participation in activities dangerous to self and others such as hazing, throwing water balloons, needlessly activating fire alarms, hanging or climbing out of windows; not going to areas or activities declared off-limits by the program or University officials. I understand that if illegal activity occurs the Spokane Police may be called to investigate and take action. I understand that program operator has the right to remove any participant for sufficient cause and that person's school may be notified. I understand that Gonzaga Women's Basketball LLC (program operator) and Gonzaga University assumes no responsibility for lodging and transportation costs if a participant is removed.

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

- Check for \$295 written out to Lady Bruin Basketball needs to accompany this registration. Return form and check to Coach Pilgeram by May 19.