



BALLHOGGS INSTRUCTIONAL BASKETBALL CAMP

PARTICIPATION FORM

CHILD'S NAME _____ DATE OF BIRTH: _____
 ADDRESS: _____ AGE: _____ POSITION _____
 _____ SCHOOL NAME: _____
 PLAYER'S EMAIL: _____ GRADE: _____ OFFICIAL CLASS _____

I, the parent/guardian of the student named above, hereby give my permission for my child to participate on the BallHoggs Instructional Basketball. I understand that my child will attend regularly scheduled practices and competitions.

I understand that my child is responsible for her/his behavior at all time, and agree not to hold the school, HOGGS or any of the League staff responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's/league's code of discipline may result in expulsion from the League.

I certify that my child has been seen by a medical doctor within the last year and was found able to participate in all sports and physical activities. I agree to inform the school of any change in my child's medical or physical condition which develop or is discovered at any time after the day this document is signed.

I agree that in the event of injury of illness, the staff member in charge of the team may act in behalf and at my expense in obtaining medical treatment for my child. I understand that every effort will be made to contact me prior to treatment.

I hereby release HOGGS, and all employees, sponsors, distributors and agencies from any and all responsibility and/or liability for any and all personal injuries or any loss of personal property or other claims caused by or arising out of my participation in all Elmcors, St. Gabriel's and Helping Our Guys & Girls Succeed, Inc. recreational and cultural events.

 Parent/Guardian (Print Name) Signature Date

CONTACT INFO

PARENT/GUARDIAN NAME: _____

ADDRESS (if different from above) _____

HOME # _____ WORK # _____ CELL # _____ EMAIL _____

Emergency Contact Info:

In the case of an emergency and the primary contact is unreachable. Provide supplemental contact information.

 (Emergency Contact Name) (Relationship to Child) (Contact #)

 (Emergency Contact Name) (Relationship to Child) (Contact #)

List any person(s) unable to pick up your child from practice or events: _____

DISMISSAL PROCEDURE

Will camper have independent dismissal, or get picked up? Independent Dismissal _____ Pick-Up _____

Will camper participate in Early Bird Drop-Off (8am) Yes _____ No _____ Estimated Time: _____

Will camper participate in Late-Night Pick-Up(til 7pm) Yes _____ No _____ Estimated Time: _____

MEDICAL INFO

() I authorize H.O.G.G.S to initiate medical treatment as needed. I certify that my child has no physical disability.

() Other. Please list which action should take place in case of emergency:

Child's Physician:

Name Address Telephone #

List any know allergies:

None ()

CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR A NON-PROFIT PURPOSE (E.G., EDUCATIONAL, PUBLIC SERVICE OR HEALTH AWARENESS PURPOSES):

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of my son/daughter by the Help Our Guys & Girls Succeed, Inc. The photograph(s), videotapes(s) and video recording(s) will depict images of the student's sessions at any H.O.G.G.S./BallHoggs events will be used exclusively for educational purposes.

I also grant to the H.O.G.G.S. Inc., the right to edit, use and reuse said photograph(s), videotape(s) and video recording(s) for educational purposes in any media sponsored by these agencies including the use of any printed matter, or internet distribution in conjunction therewith. I also hereby release the Helping Our Guys & Girls Succeed, Inc. and their agents and employees from all claims, demands, liabilities whatsoever in connection with the above photograph(s), video tape(s), and video recording(s). I agree that all photograph(s), video tape(s) and video recording(s) will remain the property of the H.O.G.G.S. I understand that my child will receive no compensation for his/her appearance in picture(s), video tape(s) or video recording(s).

I also understand that the media may be present at various H.O.G.G.S. events and my child may be photographed or videotaped by the media.

Parent/Guardian (Print Name) Signature Date

Participant (Print) Signature Date

Height: _____ **Weight:** _____ **Shirt Size:** _____ **Shorts Size:** _____
Sneaker Size: _____

Office Use Only

Method of Payment: Date: _____
Cash ___ Check ___ Money Order ___
Other ___ Specify: _____

Session 1 (Feb 21-25)

Session 2 (April 18-21)