

THE ROEPER SCHOOL
High Performance Basketball Camp – 3rd to 12th Grades
June 18th to June 22nd 2018
Consent to Participate & Emergency Contact Form

Player _____ Birth Date _____
Address _____ Grade Next Fall _____
_____ School _____
Home _____ **EMERGENCY CONTACT:**
Work _____ Name _____
Cell _____ Phone _____

Medical conditions (please list): _____

Medications taken (please list): _____

Physician (Name and Phone Number) _____

Health Insurance Name and Number: _____

Tuition, Services, and Conduct:

The \$110/\$150 nonrefundable tuition payment must be enclosed with this completed form. The Roeper School ("Roeper") has the right to determine the services and activities to be provided as part of the Basketball Camp. In addition, Roeper, in its sole discretion, shall determine if the conduct of the Player warrants dismissal from the Basketball Camp. No refund will be made if Player's involvement is terminated during the Basketball Camp as a result of behavioral or safety issues.

Parent/Guardian Authorization:

I/we authorize the Basketball Camp to take any actions it may consider to be warranted under the circumstances regarding the Player's health and safety and fully release and waive Roeper from any liability for such actions or decisions. We have disclosed any medical conditions that might be of concern during this Basketball Camp. I/we authorize any necessary medical treatment in case of an emergency if I/we cannot be reached by the Basketball Camp, including but not limited to treatment by emergency medical services, medical facility, and selected treating physician, which is in the best interest of my child, regardless of whether the treatment is covered by Player's medical insurance. I/we agree that I/we am/are responsible for any financial costs associated with any medical treatment, including but not limited to hospitalization, medical transportation, doctors' fees, tests, and any other cost of any attendant expenses.

Date _____

► Parent/Guardian Signature _____

Assumption of risk, Consent to Participate, and Waiver and Release

I/we hereby declare that Player is in sound physical condition and I do not hold Roeper responsible for any illness or injury incurred or previously sustained. Player and I/we understand that participation in basketball can be a hazardous activity. These risks include, but are not limited to, the potential for falls, slips, sprains, fractures, ligament and/or cartilage damage, extreme physical contact with other participants, or outbursts of rage by other players, which can result in temporary or permanent, partial or incomplete impairment of use of Player's limbs, brain damage, paralysis or even, in extremely rare cases, death. Knowing those risks, and having been so informed and warned, it is still my/our and Player's desire for Player to participate in the Basketball Camp. I/we and Player assume these risks and I/we grant permission for Player to participate in the Basketball Camp. By signing this consent form, Player and I/we agree not to hold Roeper liable for any dangers associated with the Basketball Camp. Player and I/we, as well as my/our heirs, successors, and assigns, agree to release, indemnify and hold harmless Roeper and its directors, officers, employees and agents (collectively included in the term "Roeper") from any and all liability, claims or damages resulting from any personal injury, death or property damage that may occur to Player while participating in the Basketball Camp. This release is intended to discharge in advance, in accordance with current state and federal laws, Roeper from any and all liability arising out of, or connected in any way with, Player's participation in the Basketball Camp, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above

► Father or Guardian Signature _____ Date _____

► Mother or Guardian Signature _____ Date _____

THE ROEPER SCHOOL · 41 190 WOODWARD · BLOOMFIELD HILLS, MI 48304 – ATTN: GLORIA DESPARD