

2010 CCA / Friends Summer Boys Basketball Camp Medical Release Form

This form must be completed - legibly - and signed in all areas by both the player and his parent or legal guardian. By signing this form the participant affirms having read it.

Last Name		First		Birthdate
Age	Entering Grade	Home Phone		Parent Cell Phone
Parent or Guardian			Emergency Contact	
Name			Name	
Address			Home Phone	
City	State	Zip	Cell Phone	
Email Address				
Email Address				

To whom it may concern: Participant, (_____) has my permission to participate in training, camp, competition, events and activities sponsored by CCA / Friends. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities at a high paced basketball camp.

I am fully aware that sports programs may present a risk of injury. I am fully aware and appreciate the risks and damages that might occur as a result of my child's participation in the program. Nonetheless, I, on my own behalf and that of my child, and our heirs, administrators and executors, do hereby release, indemnify and agree to hold harmless Willoughby Hills Friends Church and Cornerstone Christian Academy and all persons or entities associated with Willoughby Hills Friends Church and Cornerstone Christian Academy from any responsibility or liability for any and all claims, demands, damages, costs, causes of action, and expenses (including without limitation, reasonable attorney fees) arising out of or resulting from my child's participation in or involvement with the sports program, including without limitation any personal injury, disability or property damages incurred or sustained by me or my child during or as a result of the sports program.

I hereby verify that I fully understand and accept the preceding conditions for permitting my child to participate in this sports program.

Signed: _____ Date: _____

Relationship: _____

To the Camp Leaders: If during the course of my child's activities in basketball should he become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care.

Signed _____ Date _____
(parent or guardian)

I do not authorize emergency medical/dental care for my child.

Signed _____ Date _____
(parent or guardian)

CCA / Friends Boys Summer Basketball Camp July 19th - 23rd 6:00pm - 9:00pm

Boys Entering Grades 4 thru 9

t-shirt size: Adult _____ Youth _____
S _____ M _____ L _____ XL _____

Enclose check made payable to Cornerstone Christian Academy

Camp cost \$50 prior to May 17th or \$65 from May 17th thru registration deadline of July 10th

Please mail this form and your check made payable to CCA to: Dan Selle, 8611 Garfield Rd., Kirtland Hills, OH 44060