

Timothy C. White
Recreation Director

Ben Carter
Superintendent



P.O. Box 190
117 North 343
Camden, NC 27921

Phone (252) 338-1919 ext. 265
Fax (252) 333-1603

www.camdencountync.gov

2016 Camden County Parks and Recreation Basketball Registration

Participants Name: (PRINT) _____

Parent/Guardians Name: (PRINT) _____

Address: _____ County: _____

Phone Numbers: (home) _____ (work) _____ (cell) _____

(Age Determined as of December, 31 2016) Age: _____ Date of Birth: _____ Sex _____

(Circle One)

Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL XL XXL 3X 4X

Circle Age Group: 5-6 Year Old Coed 7-9 Year Old Girls 7-9 Year Old Boys
10-12 Year Old Boys 10-13 Year Old Girls 13-16 Year Old Boys

Registration Fee: \$35.00 or \$70.00 max per family (Mandatory out of county fee \$20.00)

WAIVER AND RELEASE

I, the undersigned, participant, parent or legal guardian of the participant, a minor, hereby authorize Camden County Staff acting in the capacity of activity supervisor/vehicle driver, as my agents, to consent to emergency medical, surgical or dental examination and/or care at any hospital.

I understand that participation in sports and physical activity may lead to physical injury and hereby give my permission for myself and or my child to participate in the program(s) I have indicated above. I hereby assume the risks of personal injury that may result from program activities.

I verify that to the best of my knowledge that I or the above named participant is fully able to fully participate in all activities associated with these programs. As a participant in a sports environment, the above participant accepts the responsibility to play in a sportsmanlike manner and accepts the inherent risk of athletic injury.

(continued on back)

In consideration for myself and or my child being permitted to participate in the programs I have indicated above, related events and activities, the undersigned acknowledges and agrees that: as the natural parent and/or the legally authorized guardian do hereby for myself, my spouse, my child, and on behalf of my/our heirs, personal representatives and assigns, agree not to sue and hereby release, waive, discharge, hold harmless and indemnify and forever defend Camden County, its employees, volunteers, and other representatives, individually and collectively, from any and all liability, losses, claims, actions, suits, procedures, demands, rights and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illness, damage to property, or other losses, and any consequences thereof, including expenses, costs and attorney's fees, as may be sustained by my child or me arising out of or in any way associated with my child's participation in programs I have indicated below, or travel incident thereto, whether by negligence or not to the fullest extent permitted by law.

The risk of serious injury to me and or my child from these activities does exist including the potential for permanent disability and death. I understand and fully acknowledge that I or my child's participation in these activities is solely at our own risk and I assume full responsibility. I hereby further declare that my child is physically able to participate in these activities.

I HAVE CAREFULLY REVIEWED AND VOLUNTARILY AGREE TO THE TERMS OF THIS WAIVER AND RELEASE OF LIABILITY AGREEMENT.

DISCIPLINE PROBLEMS WILL NOT BE TOLERATED. OFFENDER(S) WILL BE DISMISSED FROM THE CAMP OR ACTIVITY WITHOUR ANY REFUNDS.

Signature of Parent or Guardian

Are you interested in coaching? Yes / No

Name: (PRINT) _____ Age _____

Phone Numbers: (h) _____ (w) _____ (cell) _____

Office Use: Amount Paid: _____

Receipt # _____