



# Basketball Camp

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Select Camp Dates	Time: 9:30-12:30	Days: Monday –Thursday	Ages: 6-14 Boys & Girls
• <b>Session 1</b> June 6 - 9	• <b>Session 2</b> June 13 - 16	• <b>Session 3</b> June 27 - 30	• <b>Session 4</b> July 25 - 28
• <b>Member \$130</b>	• <b>Member \$130</b>	• <b>Member \$130</b>	• <b>Member \$130</b>
• <b>Non member \$140</b>	• <b>Non member \$140</b>	• <b>Non member \$140</b>	• <b>Non member \$140</b>
PREMIER EMPLOYEE: _____		DATE: _____	

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_,  
(Please Print Parent/Guardian Name) (Please Print Child's Name)

Fully understand and agree that Fitness-Related Activities of Premier Health and Fitness Center involve certain known risks, including but not limited to, equipment use accidents, personal injuries, and loss or destruction of personal property. I also understand and agree that Premier Health and Fitness Center cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the activities at Premier Health and Fitness Center, I hereby expressly and knowingly RELEASE PREMIER HEALTH AND FITNESS CENTER, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY, ARISING OUT OF, ANY PRE-ARRANGED TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF PREMIER HEALTH AND FITNESS CENTER, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF MY CHILD OR BY PREMIER HEALTH AND FITNESS CENTER, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

Premier Health and Fitness Center shall notify me promptly in writing of any claim or action brought against it in connection with my/my child's participation in these activities. Upon such notification, my child's representative or I shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

Since the participant is under 18, I am signing as a parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) Premier Health and Fitness Center from any claim which may be brought by or on behalf of the participant, or any member of the participant's family, for injury or loss resulting from those inherent risks of the course, described above, and from the negligence of the participant or Premier Health and Fitness Center.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_