



# IHA Summer Basketball Camp



## Registration and Waiver and photo release

(Circle) **Session 1: June 27<sup>th</sup>-July 1st 9am-12pm \$275 before June 1<sup>st</sup>, \$300 after**  
**Session 2: July 25-July 29<sup>th</sup> 9am-12pm \$275 before July 5<sup>th</sup>, \$300 after**

**Player's Name** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade in fall** \_\_\_\_\_

T-shirt size: YS YM YL, Adult L, XL (Circle one)

**Parent Name** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_

Home Address: \_\_\_\_\_

Email address: Mother/father \_\_\_\_\_

**Emergency Contact Name and #** \_\_\_\_\_

Relationship \_\_\_\_\_ Please list any known allergies or medical conditions: \_\_\_\_\_

I hereby authorize Heather Quella and staff to release my child ONLY to the people listed below (authorized carpool): Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please Select Payment Method:** Check (Payable to Heather Quella) \_\_\_\_\_ Venmo \_\_\_\_\_ (@Heather-Quella) \_\_\_\_\_ Contact Heather at **310-344-0592**. Thank you!

**INDEMNITY AND GENERAL RELEASE** - I confirm that my child/the Participant (named above) is in appropriate mental and physical condition to participate in these basketball camps. I do not know of any mental or physical problems, which may affect the Participants' ability to safely participate in this activity. - I do hereby release, forever discharge, and agree to hold harmless Coach Heather Quella, Christ Lutheran School, and/or any officers, employees or agents thereof, from any and all liability, claim of demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the above-named person(s)/participant(s). In the event that my child is injured, or should require medical or dental attention while participating in this camp, I hereby authorize the overseeing instructors and/or representatives of Integrity Hoops Academy, Christ Lutheran School (Los Angeles County), and Emergency Medical Care workers to secure necessary medical treatment. I also acknowledge that ultimately I will be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Through my signature I verify that I have read the indemnity and General Release, and accept these terms and conditions.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Photo release:** I authorize my son/daughter to be photographed **Y/N** and his/her images to be used for publication purposes for IHA. \_\_\_\_\_ (parent initial)

**PARTICIPANT EXPECTATIONS** Parents, please review the following program expectations with your child:

1. I will have a good attitude and treat participants and coaches respectfully.
2. I will work hard and give my best effort.
3. I will come prepared for each session, be focused and ready to learn.

**Player Signature** \_\_\_\_\_ **Date** \_\_\_\_\_