



WINTER BREAK CAMP

December 30th & 31st

\$50 / Player

K - 4th Grade 9:00 - 11:30 AM

5th - 8th Grade 12:00 - 2:30 PM

BlackHeart Training Center

1510 Baker Ave Evansville, IN 47710

Player name: _____ GRADE: _____

Emergency Contact Name & Number _____

Parent Email: _____

I, the undersigned, realizing that there is risk inherent in any recreational and competitive activity, and in consideration of my (my child) being allowed to participate in this activity, I assume all risks in connection with this activity. I further agree to release, indemnify, and hold harmless BlackHeart Basketball LLC, officers, officials, coaches, employees, and agents from any and all claims and liabilities of any type whatsoever, and for damages to, loss or destruction of any property or injury, sickness, or death which may now or hereafter arise out of, result from, or in any way be connected with my participation in this activity. I understand it is my responsibility to obtain health insurance for my player. I grant BlackHeart Basketball permission to seek medical treatment for myself (my child) in the event I am unavailable or unable. I acknowledge that BlackHeart Basketball LLC may utilize my name, address, and likeness and hereby waive all rights to compensation for their use in the promotion and operation of BlackHeart Basketball LLC. I agree to all video and photography of myself or the above mentioned player. I further state that I am of lawful age and legally competent to sign this release, that I understand the terms herein are contractual and are not mere recital; and that I signed this document of my own free act.

Parent/Guardian (Print Name) _____

Signature _____

Refund Policy: If for any reason a player is unable to play a 5 day notice must be given to BlackHeart Basketball for a 100% refund. No refunds will be given after that period.