BLAZERS ALL-AMERICAN CAMP REGISTRATION FORM

**A copy of the child’s Insurance form MUST be submitted with/at Registration.**

Player’s Legal Name: (First, MI, Last)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefers to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Birth Date: (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physician Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Medical Conditions, Allergies, ETC:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group # (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camp Fees:** $100.00 **Late Fee/Extended Camp**: $10.00/per day or $50.00 for the week

**Total Amount Due: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Paid with Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Cash**

**T-shirt Size:** (please circle) Youth X-Small Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large Other Size:

**I give Memorial Sports Medicine permission to treat and assist my child in event of injury.**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Bethesda Academy Parental Consent Agreement and Waiver/Release**

In consideration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student participant), my minor child/guardian, participating in any way in the related events and activities of Bethesda-Union Society of Savannah, Inc. (d/b/a Bethesda

Academy and hereinafter referred to as “Bethesda Academy”), including without limitation an Athletic Program

(“Program), the undersigned agrees:

1. Participation in the Program poses risks of serious injury or even death to my child/guardian;
2. On behalf of myself, my spouse, and my child/guardian, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my child’s/guardian’s participation in the Program;
3. I willingly agree to comply with the Program’s conditions for participation, but if I know of or observe anything of concern about my child’s/guardian’s readiness for participation and/or about the operation of the Program, I will immediately bring my concern to the attention of the Program director;
4. On behalf of myself, my spouse, my child/guardian, and my/our heirs, assigns, personal representatives, beneficiaries, and next of kin, I COVENANT NOT TO SUE AND HEREBY RELEASE AND HOLD HARMLESS

BETHESDA ACADEMY and any and all of its owners, successors, assigns, directors, officers, officials, agents, employees, insurers, insureds, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the Program, OF AND FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, AND

CAUSES OF ACTION OF WHATEVER KIND, **INCLUDING NEGLIGENCE BUT EXCLUDING GROSS**

**NEGLIGENCE AND WILLFUL MISCONDUCT**, arising from or related to, and by reason of any and all known and unknown, foreseen and unforeseen, loss, damages or injuries to person or property, and the consequences thereof, resulting from my child’s/guardian’s involvement and participation in the Program; and

1. I further grant permission to athletic trainers, first responders, nurses, coaches, as well as physicians or those under their direction access to medical information about my child/guardian necessary in light of my child’s/guardian’s participation in the Program.

**I HAVE READ THIS CONSENT AND WAIVER/RELEASE IN FULL, UNDERSTAND WHAT IT MEANS, AND INDICATE MY KNOWING AND VOLUNTARY AGREEMENT WITH MY SIGNATURE BELOW**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Parent/Guardian Signature Print Parent/Guardian Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Participant’s Name

Bethesda Academy | 9520 Ferguson Avenue | Savannah, GA 31406

912.351.2055 | www.BethesdaAcademy.org