

GADSDEN STATE COMMUNITY COLLEGE

SUMMER 2023 ATHLETIC CAMPS for Basketball

Location: Beck Field House Gym

You must bring your own water bottle and wear appropriate attire (tshirt, shorts and tennis shoes)

Name _____ Age _____ Grade _____ (Fall 2023)

Address _____

Phone Number: _____ School: _____

PLEASE CHECK ALL CAMPS YOU WISH TO REGISTER FOR:

MENS BASKETBALL TEAM CAMP

Camp Director –Deddric Tarver

JV/Varsity Team Camp June 5, 2023 \$100.00 per team 8 am – 6 pm

Contact Deddric Tarver at 205-368-2353 to schedule. Deadline to register is May 24, 2023

YOUTH BASKETBALL CAMPS – Boys and Girls Camp Directors – Deddric Tarver

1st – 8th Grade June 26 and 27 \$60.00 per person 8 am – 12 noon

This is a skills camp for boys and girls. Maximum of \$40 per 2 day camp.

Note: Medical release forms must be completed for ALL camps. Physical forms or release from physician must be completed for all camps for 7th grade – high school.

PLEASE ATTACH COMPLETED MEDICAL FORM TOTAL PAYMENT: _____

PARENTS SIGNATURE: _____ Date: _____

Make check payable to:

**Gadsden State Community College
Attn: Business Office/Athletic Camp
P. O. Box 227
Gadsden, AL 35902-0227**

Checks can be mailed to the address above or payment can be made at the Business Office in the One Stop Center. Payment and all medical forms must be complete prior to participation.

Any questions, please contact the Athletic Department at 256-549-8310 or 256-549-8311.

Americans with Disabilities Act: For individuals with disabilities, requiring special accommodations, please contact the camp director within a minimum of seven (7) days from the first day of camp so the proper consideration may be given to the request.

MEDICAL RELEASE FORM
For Gadsden State Athletic Camps – Summer 2023

Name _____ Age _____ Grade _____ (Fall 2023)

Address _____

Phone Number: _____ School _____

Emergency Contact: (Name & Number): _____

Camp(s) Attending: _____

**CONSENT TO MEDICAL TREATMENT/HOLD HARMLESS
PHYSICIAN'S STATEMENT**

To be completed for all students in 7th grade – high school

I hereby certify that _____ has no restrictions which would prevent him/her from active participation in any and all activities related to the camp(s).

Physician's Signature: _____ Date: _____

(Copy of current school physical acceptable in lieu of physician's signature)

MEDICAL INSURANCE INFORMATION

This section to be completed by all camp attendees

Company Name: _____ Policy Number: _____

Group #: _____ Phone Number: _____

Insurer's Name: _____

I hereby authorize the directors of the camp and its staff to act for me according to their best judgment in any emergency requiring medical attention. And I hereby waive and release Gadsden State Community College, the camp, and staff from any and all liability for any injuries incurred while at the camp.

Parent's Signature: _____ Date: _____

Americans with Disabilities Act: For individuals with disabilities, requiring special accommodations, please contact the camp director within a minimum of seven (7) days from the first day of camp so the proper consideration may be given to the request.

GADSDEN STATE COMMUNITY COLLEGE

AGREEMENT FOR RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION

This form MUST be completed for all camps

In consideration of being allowed to participate in program-related events and activities sponsored for or by Gadsden State, I the undersigned, acknowledge, appreciate, and agree as follows:

1. I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE, Gadsden State Community College, its officers, servants, agents, or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out or related to any loss, damage, or injury, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF GADSDEN STATE COMMUNITY COLLEGE, or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted or in transportation to and from said premises.
2. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity,
3. It is my express intent that this Agreement shall bind the members of my family, my heirs, assigns and personal representative, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE Gadsden State Community College.
4. **I UNDERSTAND THAT GADSDEN STATE COMMUNITY COLLEGE WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY THAT I MAY SUSTAIN. I RELEASE AND HOLD HARMLESS ITS AGENTS, AFFILIATES, OFFICERS AND EMPLOYEES FROM ALL MEDICAL COSTS AND MEDICAL EXPENSES ASSOCIATED WITH THIS ACTIVITY.**

I have read this Agreement for Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. In executing this release I assert that I am 18 years of age or older and make this decision informed of its implications and entirely of my own free will.

PARTICIPANT (print)

AGE

PARTICIPANT SIGNATURE

DATE

FOR PARENT/GUARDIANS OF PARTICIPANTS UNDER AGE 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to all of the provisions of the AGREEMENT FOR RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless Gadsden State Community College from any and all liabilities related to my minor child's participation in the program, related events and activities, even if arising from the negligence of Gadsden State Community College.

PARENT/GUARDIAN (print)

DATE

PARENT/GUARDIAN SIGNATURE

EMERGENCY PHONE NUMBER