

OPTIMUM PERFORMANCE SUMMER BASKETBALL CAMP GRACE CHURCH – EDEN PRAIRE

Athlete's Name: _____

Date of Birth: _____ Entering Grade: _____

Parent/Guardian 1: _____

Mobile 1: _____ Email 1: _____

Parent/Guardian 2: _____

Mobile 2: _____ Email 2: _____

HOME

Address: _____

City: _____ State: _____ Zip: _____

All campers must have their own medical coverage. Optimum Performance Strength, Conditioning, and Basketball Fundamentals Camps provides only excess coverage after your insurance policy has been utilized.

Camper's Insurance Company: _____

Policy Number: _____

I/We, the undersigned, hereby certify that I (we) am (are) are the legal guardian of the camper. I hereby give permission for the staff of Optimum Performance Basketball to seek appropriate medical attention during the period of the Camp and for the camper to receive medical attention and treatment.

I/We, the undersigned, hereby acknowledge and understand that the Optimum Performance Basketball is a privately run sports camp. Sole sponsorship control, and supervision of the Camp Director Tony Wilson.

I/We, undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Optimum Performance Basketball Camp and its staff, officers, agents, employees, representatives, successors and assigned from any and all liability claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in Camp activities or while at the Camp.

Signature: _____

Date: _____