

**THE ROEPER SCHOOL**

**High Performance Basketball Camp  
June 14<sup>th</sup> – June 18<sup>th</sup> 2010  
Consent to Participate & Emergency Contact Form**

Player \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Grade Next Fall \_\_\_\_\_  
\_\_\_\_\_ School \_\_\_\_\_  
Home \_\_\_\_\_ EMERGENCY CONTACT:  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

Medical conditions (please list):

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

Medications taken (please list): \_\_\_\_\_

Physician (Name and Phone Number.) \_\_\_\_\_

Health Insurance Name and Number:

\_\_\_\_\_

**Tuition, Services, and Conduct:**

The \$110.00 nonrefundable tuition payment must be enclosed with this completed form. The Roeper School has the right to determine the services and activities to be provided. In addition, Roeper, in its sole discretion, shall determine if the conduct of the participant warrants dismissal.

**Parent/Guardian Authorization:**

I hereby authorize any necessary medical treatment in case of an emergency if I cannot be reached by the Athletic Department, which may include treatment by emergency medical services, medical facility, and selected treating physician, which is in the best interest of my child. I agree that I am responsible for the cost of such treatment and the cost of any attendant expenses, such as transportation or hospitalization.

\_\_\_\_\_  
▶ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Participate:**

I hereby declare that my child is in sound physical condition and I do not hold Roeper responsible for any illness or injury incurred or previously sustained. I agree to release and hold harmless and indemnify The Roeper School, its agents, representatives, and employees from all claims, damages or other liabilities for injuries to my son/daughter which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the school, or its agents, representatives, or employees arising out of my child's participation in Roeper's High Performance Basketball Camp athletic program.

▶ Father or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

▶ Mother or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_