

Summer Shootout Player Registration

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Age at camp _____

Health Insurance Company Name _____
Policy Number _____ Group Number _____
Subscriber's Name _____
Insurance Company Phone Number _____

Consent to Medical Treatment & Release of Liability:
(read this before signing below)

In consideration of being allowed to participate in this camp, related events, and activities, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Summer Shootout Camp/Clinic and it's staff, members, agents, employees, representatives, successors, and assignees of and from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this camp/clinic, or while in, on or upon the premises where the camp/clinic is being conducted. To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place my child at risk to participate in any way with camp/clinic activities. I am fully aware of the risks and hazards connected with the camp. During the period of the camp/clinic, I hereby give permission for the staff of Summer Shootout to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

Parent/Guardian Signature

Date