

GADSDEN STATE COMMUNITY COLLEGE

SUMMER ATHLETIC CAMPS -- 2019

Name _____ Age _____ Grade _____ (Fall 2019)

Address _____

Phone Numbers: _____ School _____

PLEASE CHECK ALL CAMPS YOU WISH TO REGISTER FOR:

VOLLEYBALL CAMPS		Camp Director – Connie Clark
Location: Gadsden State Beck Field House (Gym)		
Needed: Proper attire. Water will be provided.		
Varsity Play date	* July 22, 2019	\$100.00 per team _____ 9 am – 4 pm
Varsity Play date	* July 23, 2019	\$100.00 per team _____ 9 am – 4 pm
Skills Camp for Junior & Seniors	** July 24, 2019	\$ 75.00 per person _____ 9 am – 3 pm
* Note: For scheduling purposes for the play dates, you must contact Connie Clark at 256-490-2261 by July 1 to secure your spot.		
**This is a skills camp for juniors and seniors who are interested in playing at the college level. This camp is limited to the first 25 who register. There will be a lunch break from 11:30-12:30 on your own. Session 1 is 9 – 11:30 and Session 2 is 12:30-3 pm.		

YOUTH BASKETBALL CAMPS - Boys and Girls		Camp Directors – Deddrick Tarver/Kori Walker
Location: Gadsden State Beck Field House (Gym)		
Needed: Wear t-shirt, shorts, tennis shoes. Water will be provided.		
2 nd - 6 th Grade Camp	June 24 & 25, 2019	\$50.00 per person _____ 8 am – 12 pm
Or one day (put which day) _____		\$30.00 per person _____ 8 am – 12 pm one day
Deadline to register is June 21, 2019		

MENS BASKETBALL CAMP		Camp Director –Deddrick Tarver
Location: Gadsden State Beck Field House (Gym)		
Needed: Wear t-shirt, shorts, tennis shoes. Water will be provided.		
JV/Varsity Team Camp (one team)	June 3, 2019	\$100.00 one team _____ 8 am – 5 pm*
(two teams)	June 3, 2019	\$150.00 two teams _____ 8 am – 5 pm*
Contact Deddrick Tarver at 205-368-2353 to schedule. Deadline to register is May 24, 2019		
* Schools sending 2 teams will pay \$150.00 for both teams.		

Note: Medical release forms & physical forms must be completed for ALL camps

PLEASE ATTACH COMPLETED MEDICAL FORM TOTAL PAYMENT: _____

PARENTS SIGNATURE: _____ Date: _____

Make check payable and mail to: Gadsden State Community College
 Attn: Business Office/Athletic Camp
 P. O. Box 227
 Gadsden, AL 35902-0227

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

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 2019

Name _____ Age _____ Grade _____ (Fall 2019)

Address _____

Phone Number: _____ School _____

Emergency Contact: (Name & Number): _____

Camp(s) Attending: _____

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

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

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

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