



**Registration Form**

\_\_\_\_\_

Camper's Name

\_\_\_\_\_

Age

\_\_\_\_\_

Entering Grade

\_\_\_\_\_

School

\_\_\_\_\_

Home Address

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Emergency Contact Number

\_\_\_\_\_

Email Address

Shirt Size (**Adult**):    S    M    L    XL

Camp(s) you are registering for:

**July 13 & 14 (Offensive Skills)**                      \_\_\_\_\_ (at Phil-Mont Christian Academy)

**July 13 & 14 (Offensive Skills)**                      Register with UMP&R

**July 20-23 (Day Camp)**                                      \_\_\_\_\_

**August 3-6 (Day Camp)**                                      \_\_\_\_\_

**August 17-20 (Day Camp)**                                      Register with UMP&R

Total payment enclosed: \_\_\_\_\_

**Make payment to: Dolton Basketball, LLC - 625 Topsfield Road - Hatboro, PA 19040**

# DOLTON BASKETBALL, LLC

## Insurance Waiver

Every athlete must present a completed Insurance Waiver to participate in any of the activities organized by Dolton Basketball, LLC. It is our understanding that Dolton Basketball, LLC., its' staff, and the organization providing the facility will not assume responsibility or obligation for any medical bills or debts resulting from any injury to the named player while participating in the Dolton Basketball Camp.

We do/ do not (circle one) have private insurance for:

\_\_\_\_\_  
Print Name of Athlete

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Number

## Liability Waiver

I, \_\_\_\_\_ the undersigned, am the parent or legal guardian with the authority to execute this Agreement and Release on behalf of \_\_\_\_\_.

My son/daughter has permission to attend and participate in the Dolton Basketball Camp. I agree that all participants must have their own health insurance coverage. As a parent or guardian, I also agree that I or my insurance carrier will bear the financial responsibility for any medical treatments administered which might be over the insured level of the camp plan. The camp does not assume responsibility for illness or injuries sustained during camp. I affirm that my child is physically fit to participate in all camp activities. In the event of illness or injury requiring medical attention and I cannot be contacted at the phone number(s) listed, I hereby authorize the camp directors to act for me according to their best judgment. I relieve the camp of any responsibility for any illness or any injuries that may occur. The camp is not responsible for lost valuables or money. Now, therefore, in consideration for my son/daughter being allowed to participate in this activity, I agree for myself and my son/daughter to indemnify and hold the supervisor(s) and coordinator(s) of this activity, Dolton Basketball, LLC., the Philadelphia Montgomery Christian Academy, including its administration, Board of Trustees, agents, officers, employees, and student volunteers, as well as the Upper Moreland Township, its administration, Board of Supervisors and all employees, and the Christ's Home Organization, its administration, Board of Directors and all employees, harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which they may incur as a result of my son/daughter's participation in this activity(ies), even if due to the negligence of Dolton Basketball, LLC. or any person serving in the above-identified capacities, even if the claim is brought by my son/daughter on their own behalf. I have read the above terms of this agreement/release, and I understand and voluntarily agree to the terms and conditions. This agreement/release shall be binding upon the heirs, executors, and assigns of the undersigned.

Signature of Parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_