FRESNO STATE UNIVERSITY WOMEN'S BASKETBALL
2018 GIRL'S BASKETBALL VARSITY & JV TEAM CAMP
Fri., Sat. & Sunday June 22-24, 2018

ATHLETE REGISTRATION FORM

Return this form to your High School coach

Athletes Name:_____High School name_____

Address:_____ City_____State___Zip:_____

Parents Cell:_____ & _____ home e-mail:_____

circle T-Shirt Size (Adult): S M L XL Age: _____ Grade in Fall of 2018**:**_____

2018 Fresno State University Girl's Basketball Team Camp

Participant Release &Assumption of Risk Waiver/ Parents must read and sign

I am the parent or legal guardian of the Participant. I have read and understand the foregoing release, waiver and assumption of risk (including such parts as may subject me to personal financial responsibility); I hereby consent to Participant's participation in the Event; I am and will be legally responsible for the obligations and acts of Participant as described in this release, waiver and assumption of risk; I hereby authorize the staff of Fresno State Summer Camps to act for me according to their best judgment in any emergency requiring medical attention for my child, and I waive and release the camp from any and all liability for injuries or illnesses that may be incurred while my child is at camp. I have informed the camp director of any physical limitations my child has that may render them unable to fully participate in all activities of the Fresno State Summer Camps. I know of no medical condition or other conditions that would prohibit my child from full participation, I give my consent for my above named child to attend and participate in all activities of Fresno State Summer Camps; and I agree to be bound by the terms of this release, waiver and assumption of risk. *It is a requirement that a form of medical insurance be in force for each team member. Please list any medical or physical limitations /medical needs for your child.

Participant/name Parent/Guardian Signature

_____ _____

Medical Insurance Company Policy Number

_____ _____

List any medical needs/conditions:

_____