

LADY FLAMES BASKETBALL CAMP REGISTRATION & MEDICAL FORM

2022 Camper Info

Participant's Name _____ Date of Birth: _____
Address _____ Grade (Fall of 2022) _____
City _____ State _____ Zip _____ Height _____' _____" Age _____
Email _____ Phone # _____ T-shirt Size (adult) _____
Roommate Preference (overnight campers, 2 campers/room) **Roommate List will be provided by Coach**
*Your roommate preference must request you as well in order to be roomed together.

Parent/Guardian Info

Name(s) _____ Health Ins. Co. _____
Email _____ Health Ins. Phone # _____
Cell # (both, if applicable) _____ Policy # _____
Date(s) of Birth (both, if applicable) _____ Policy Holder Name _____

Health Information

If Yes, please explain:

| | | | |
|--|-----|----|-------|
| Have you been hospitalized within the last year? | Yes | No | _____ |
| Have you had surgery in the last year? | Yes | No | _____ |
| Have you suffered from a head injury in the last year? | Yes | No | _____ |
| Have you ever suffered from a concussion? | Yes | No | _____ |
| Do you suffer from asthma? | Yes | No | _____ |
| Have you ever suffered a neck injury? | Yes | No | _____ |
| Do you wear glasses or contacts? | Yes | No | _____ |

Have you been fully vaccinated for Covid? _____ Current Medications: _____
Medical Conditions (e.g. allergies, asthma, diabetes, epilepsy, etc.) _____

Emergency Contact _____ Relationship _____ Phone # _____

If any emergency occurs, I authorize the clinic staff members to take all proper action and use the emergency service available at the nearest hospital, if necessary. I understand my personal insurance will be used in this case (the proper calls will be made to you before any medical attention is given). In case of extreme emergency, I authorize the emergency personnel to take proper action.

Signed _____ Date _____
(Must be signed by parent or guardian)

Camp Sessions

| | | | |
|------------|--|---|---|
| June 17-19 | Team Camp (Varsity & JV) | Tucker County Lady Mt. Lions(WV) | <div style="border: 2px solid black; padding: 5px; display: inline-block;">(Paid in lump sum by Team Coach)</div> |
| | School/Team Name: _____ | | |
| June 20-23 | Day Camp (Grades 3-8, All skill levels) | 9am – 4pm | \$250 (\$275 after May 1) |
| June 20-23 | Elite Camp (Grades 6-12, All skill levels) | | |
| | Overnight Camper | (In dorms) | \$375 (\$400 after May 1) |
| | Commuter Camper | 9am – 9pm | \$300 (\$325 after May 1) |
| | Total enclosed | | \$ Paid in Lump Sum by Coach |

Checks should be made payable to Lady Flames Basketball Camps

Form can be returned to Sarah Boruta at seboruta@liberty.edu or Liberty University Women's Basketball, 1971 University Blvd, Lynchburg, VA 24515

Direct questions to Sarah Boruta at 434-582-2619 or seboruta@liberty.edu

LADY FLAMES BASKETBALL CAMP ASSUMPTION OF RISK AGREEMENT

I desire to participate in the **FLAMES BASKETBALL CAMP** ("Camp") provided by Lady Flames Basketball Camp, LLC at Liberty University's campus. In order to participate in the Camp, I agree to the terms below and assume all risks associated with my participation in the Camp, including those specifically identified below.

Risks:

THE CAMP HAS CERTAIN INHERENT RISKS WHICH MAY AFFECT ME, INCLUDING, BUT NOT LIMITED TO, PROPERTY DAMAGE OR LOSS, TEMPORARY OR PERMANENT BODILY INJURY, SICKNESS, DISEASE, AND EVEN DEATH. Specific risks that may be involved in the Camp include, but are not limited to: unwanted contact with other participants and their playing equipment, equipment failure, fast-moving playing equipment (including things like balls), contact with the playing surface and surrounding elements, environmental conditions (including weather), slipping, tripping, falling, (including, for overnight stay, falling out of bunk beds) and my individual susceptibility to harm or injury (whether known or unknown to me). The results of these and other inherent risks may include, but are not limited to, serious neck and spinal injuries, complete or partial paralysis and/or brain damage, serious injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of my musculoskeletal system, concussions, sprains, and other serious injury or impairment to other aspects of my body, and my general health and well-being. This Camp involves traveling. Specific risks involved with traveling include: getting lost or separated from the Camp group or supervisors, contraction of communicable diseases, accidents, collision with other vehicles, whiplash, fires, explosions, defects in the vehicle or its equipment, blown out tires, overturning, breakdowns, running out of fuel, delays and being stranded, hazardous weather conditions, natural disasters, political unrest, kidnapping, criminal activity, terrorist activity, and conditions of locations not under the control of the Lady Flames Basketball Camp, LLC or Liberty University.

Indemnification:

I agree to indemnify, defend, and hold harmless Liberty University, Lady Flames Basketball Camp, LLC, and those entities' officers and employees from any liability for injuries and property damage caused in any way by me.

Photography Consent:

I hereby grant Lady Flames Basketball Camp, LLC and Liberty University consent to use any photograph/likeness or video of me from Camp for marketing purposes.

Governing Law; Forum Selection:

This agreement will be governed by Virginia law. Any legal action arising out of or relating to this agreement must be brought in a state court sitting in Lynchburg, VA.

Medical Fitness; Treatment Authorization; & Insurance:

I agree that I am in sufficiently good health to participate in this Camp and that I am free from any medical condition, physical or mental, that could interfere with my ability to participate in Camp activities or that could be worsened by participating in those activities or that could endanger my health or safety or the health or safety of other participants. If I require emergency medical treatment as a result of accident or illness arising during the Camp, I consent to such treatment. I assert that either I have valid and current insurance coverage for any injury or damage I may cause or suffer while participating in the Camp, or I understand that a secondary accident policy is available from the insurer of Lady Flames Basketball Camp, LLC, and agree to personally bear the costs of any co-pays or deductibles associated with that coverage.

PARTICIPANT CONSENT (required of all participants, regardless of age)

BY SIGNING BELOW, I AGREE I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT, I AGREE TO ALL OF THE TERMS ABOVE, AND I HEREBY ASSUME THE RISKS ASSOCIATED WITH THIS CAMP.

Signature of Participant: _____ Date: _____

Name of Participant: _____ Age: _____ Date of Birth: _____

PARENT/GUARDIAN CONSENT (required if the participant is less than 18 years of age)

I agree I have carefully read and understand this agreement, I agree to all of the terms above, both personally and on behalf of the minor participant, and I hereby assume the risk that the minor participant may be injured while participating in the Camp. I further promise to take reasonable steps to ensure the minor's compliance with the terms of this agreement.

Signature of Parent/Legal Guardian: _____ Date: _____

Name of Parent/Legal Guardian (Print): _____

LIBERTY

RECREATION CENTERS

Participation Agreement

****Please consult a physician prior to any form of physical activity****

Before I may participate in any exercise and/or fitness related event/activity ("Activity") within or sponsored by LaHaye Recreation and Fitness Center ("LaHaye"), I understand that I must read and promise to be bound by the following terms.

General Terms.

I hereby agree to abide by all LaHaye Recreation and Fitness Center policies and procedures and The Liberty Way. I am aware that I have access to the policies and procedures upon request. I agree to notify LaHaye Recreation and Fitness Center staff of any potential health changes or concerns. I understand that falsifying any information on this form will result in a loss of membership privileges without refund. I understand that refunds will not be issued for closure dates due to university closures, holidays, facility maintenance, etc., which will occur throughout the year. I further understand that membership fees will not be refunded in the event of employee resignation or termination from the University.

LUO*/Grad students must be currently enrolled in classes and be financially check-in throughout the duration of their membership. * Must currently be enrolled in B exit term classes to be eligible.

Express members have access from open – 3:00 pm Monday through Saturday. Early Bird members have access from open – 3:00 pm Monday – Friday and all day Saturday and Sunday. Early Bird Plus members have access during all operational hours.

Assumption of Risks.

I AM AWARE THAT ACTIVITIES AT LAHAYE, WHETHER OR NOT REQUIRING THE USE OF EXERCISE EQUIPMENT, CAN BE DANGEROUS. I AM AWARE THAT PLAYING OR PARTICIPATING IN ANY ACTIVITY AT LAHAYE HAS CERTAIN INHERENT RISKS WHICH MAY AFFECT ME, INCLUDING, BUT NOT LIMITED TO, PROPERTY DAMAGE OR LOSS, TEMPORARY OR PERMANENT BODILY INJURY, SICKNESS, DISEASE, AND EVEN DEATH.

Specific risks that may be involved in this Activity include, but are not limited to: unwanted contact with other players or participants and their equipment, equipment failure, fast-moving equipment (including things like balls), contact with the playing surface and surrounding elements, slipping, tripping, falling, and my individual susceptibility to harm or injury (whether known or unknown to me). The results of these and other inherent risks may include, but are not limited to: serious neck and spinal injuries which may result in complete or partial paralysis and/or brain damage; serious injury of the musculoskeletal

system, serious injury or impairment to other aspects of my body, general health, and well-being, and even death. I understand that the dangers and risk of playing or participating in this Activity may result in not only serious injury, but also in serious impairment to my future abilities to earn a living, engage in other business, social and recreational activities, and generally to enjoy life. I am voluntarily playing or participating in this Activity with full knowledge, understanding, and appreciation of the risks involved, and hereby agree to assume any and all risks associated with the Activity.

Medical Treatment Authorization.

I agree that I am in sufficiently good health to play or participate in the Activity and that I am free from any medical condition, physical or mental, that could interfere with my ability to play or participate in the Activity or that could be worsened by playing or participating in the Activity or that could endanger my health or safety or the health or safety of other participants. If I require emergency medical treatment as a result of accident or illness arising during the Activity, I consent to such treatment.

Medical Examination; Medical Fitness.

I am aware that an examination by a physician should be obtained prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. Should I choose not to be examined by a physician, I hereby agree that I am doing so solely at my own risk and expense.

Governing Law; Forum Selection.

This agreement will be governed by and construed in accordance with the laws of the Commonwealth of Virginia. Any controversy, dispute or claim arising out of or relating to this agreement must be brought in a court located in Lynchburg, Virginia. Each party submits to the jurisdiction of such courts.

BY SIGNING BELOW, I AGREE I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT. I AGREE TO ALL OF THE TERMS ABOVE, AND HEREBY ASSUME THE RISKS ASSOCIATED WITH MY PARTICIPATING IN ACTIVITIES AT LAHAYE RECREATION AND FITNESS CENTER.

Date of Birth (dd/mm/yyyy)

I.D. # (student or staff only)

Participant Name (**print**)

Participants under 18 must also have legal guardian sign

Participant Signature

Date: (mm/dd/yyyy)