JORDAN SCHOOL DISTRICT

SCHOOL CAMP or CLINIC PARTICIPANT DISCLOSURE / REGISTRATION

FORM B

Complete this form. Parent/Guardian permission and signature required to participate. Return completed form to School/Location's main office.

Name of Camp/Clinic: WEST JORDAN BOYS BASKETBALL CAMP
Ages/Grades: 7TH - 12TH
Coach: SCOTT BRIGGS
Maximum Number of students: _____ UHSAA Tryout Implications: Yes ☐ No ☒
School/Location: WEST JORDAN HIGH SCHOOL GYM
Dates and Times: JUNE 12,13,14,15,16 9:00 am - 11:30 am

Cost: $ 60.00 Payable to (School/Location): WEST JORDAN HIGH SCHOOL
Registration Deadline: _____
For more information call: 801-256-5614

PARTICIPANT INFORMATION

Name of Participant: _____
M: ☐ F: ☐ Date of Birth: _____ Age: _____ Grade: _____
Address: _____
City: _____ State: _____ Zip: _____

Name of Parent or Legal Guardian: _____
Phone: _____ Cell: _____
Email: _____

In Case of Emergency, Please Notify: _____
Phone: _____ Cell: _____

INFORMED CONSENT / WAIVER OF LIABILITY AGREEMENT

LIABILITY RELEASE & INDEMNIFICATION: I hereby recognize and acknowledge that my or my child's participation in recreational activities may involve bodily and/or emotional injury to me and/or my child. In consideration of my or my child's participation in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify, hold harmless, release, waive, discharge and defend Jordan School District and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except those caused solely by the willful misconduct of Jordan School District employees. In addition, I agree that I or my insurance company will pay for medical, hospitalization, or any other expenses resulting from my or my child's participation.

TRANSPORTATION: I acknowledge that Jordan School District does not provide or sponsor transportation in connection with the sport(s), competition(s), practice(s), or program(s) as listed above and that the student, or the student's parent or legal guardian, will be responsible to arrange transportation for the student. I further agree to make such arrangements as a condition of the student's participation.

EMERGENCY TREATMENT: In case of an emergency involving my child, I hereby authorize Jordan School District camp/clinic program staff to act on my behalf in accordance with their best judgment, and I agree to assume full responsibility for all expenses, medical or otherwise that may arise therefrom.

REFUNDS: Jordan School District may withhold 25% of the refunded registration fee, for administrative costs. Refunds must be requested in person, accompanied with a written refund request. No refunds will be given after the first day of the program.

COLLECTIONS: In the event that my account is referred for collection, I agree to pay Jordan School District for all costs incurred, together with reasonable attorney's fees.

EQUAL OPPORTUNITY: Jordan School District provides equal opportunity to participate regardless of race, creed, gender, and will, upon request, provide reasonable accommodations to individuals with disabilities.

By signing this informed consent/waiver of liability agreement, I acknowledge that I have read its contents, understand its contents and agree to the terms. Parent or Legal Guardian signature is required before your child is allowed to participate.

Parent or Legal Guardian Signature	Date	Participant Signature

All camp and clinic documentation and financial records must be kept on file at the school for a period of 4 years.

March 7, 2017