



Audra Smith's **HOUSE OF HOOPS** at Clemson University

PLEASE PRINT

Name _____
 Address _____
 City, State, Zip _____
 Phone Number _____
 Height _____ Age _____
 Grade for upcoming year _____
 Name of School, Fall 2016 _____
 Roommate preference _____
 Email Address _____
 T-Shirt Size _____

CAMP PREFERENCE - put an "x" by your choice

Team Camp - June 9-11, 2017
 \$150 Team Registration Fee
 \$240 Resident or \$180 Commuter

Individual Camp - June 11-14, 2017
 \$350 Overnight (ages 8-18), \$300 Commuter (ages 8-18)

Elite Camp - June 14-15, 2017 (Rising 7th-12th grade)
 \$150 Resident or \$125 Commuter

I agree to allow pictures and videos taken during camp of the above participant to be used for social media purposes by Audra Smith House of Hoops and Clemson Athletics.

Signed: _____ Date: _____



INSURANCE AND MEDICAL INFORMATION

This form must be completed and signed by the appropriate individuals and submitted to the Audra Smith House of Hoops camp prior to your participation in camp.

Parent/Guardian (1) _____
 Cell Phone _____
 Work Phone _____

Parent/Guardian (2) _____
 Cell Phone _____
 Work Phone _____

ATTACH A COPY OF INSURANCE OR COMPLETE INSURANCE SECTION:

Name on Insurance Card (REQUIRED) _____
 Name of Insurance Co. (REQUIRED) _____
 Policy Number (REQUIRED) _____
 Address of Insurance Co. _____
 City, State, Zip _____
 Medicaid Medicare Policy # _____

Answer questions A thru F:

A. List all medications camper is currently taking

B. List all medical conditions currently under treatment

C. Does camper have loss of a paired organ, i.e., kidney, eye?
 Yes / No If Yes, list. _____

D. Is camper allergic to any medications?
 Yes / No If Yes, list. _____

F. **For Emergency Use ONLY:**
 Camper's Social Security # _____

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed. I give permission for diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter. I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payment in full of any charges incurred.

Signed: _____
 Relationship: _____ Date _____

**Clemson University Parental Permission Form and Release of Liability
for Youth Camps or Programs**

I, _____, am the parent and/or legal guardian of _____, a minor child under the age of 18 years. I would like to have my child participate in the following CAMP/PROGRAM at Clemson University (UNIVERSITY): *Audra Smith's House of Hoops Girls' Basketball Camps*, which will take place on:

- ___ Team Camp - June 9-11, 2017
- ___ Individual Camp - June 11-14, 2017
- ___ Elite Camp - June 14-15, 2017 (Rising 7th-12th grade)

In consideration for my child being allowed to participate in this CAMP/PROGRAM, I the undersigned, acknowledge, appreciate and agree that:

1. This CAMP/PROGRAM affords my child the opportunity to participate in activities, including, but not limited to: basketball skills, conditioning, and agility drills. There are inherent risks involved with these activities, including but not limited to injury and fatigue. I choose to voluntarily allow my child to participate in this CAMP/PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this CAMP/PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
3. I understand that this CAMP/PROGRAM is physically strenuous and I know of no medical reason why my child should not participate.
4. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this CAMP/PROGRAM, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this CAMP/PROGRAM.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Signature of Parent and/or Legal Guardian

Date



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Camp Medical Waiver

Each camper must have this Physical Statement
OR a copy of a Recent Physical Statement
(Must be given within last 12 months prior to camp date.)

I hereby certify that I have examined _____
and found her physically fit to attend and participate Audra Smith's House of Hoops Basketball
Camp, and I know of no impairments which would limit her participation in all activities in camp.

Date of last tetanus immunization: _____

Physician's Signature: _____

Date: _____

Physician's Address: _____

Phone: _____

Parent/Guardian Signature: _____

Date: _____