



2017 Kelvin Sampson Basketball Camp Team Camp Camper Application

* Indicates a required response

*Camper First Name: _____ *Camper Last Name: _____

*Date of Birth: _____ *Email Address: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Grade Entering: _____ *T-Shirt Size: _____

*Parent/Emergency Contact Name: _____

*Parent/Emergency Contact Phone Number: _____

*Parent/Emergency Contact Name 2: _____

*Parent/Emergency Contact Phone Number 2: _____

Insurance Provider: _____

Subscriber Name: _____

Subscriber Number: _____

Group Number: _____

*Known Allergies/Medical Conditions:



Terms & Conditions / Liability Release - Important, please read:

Kelvin Sampson Basketball Camp Waiver, Liability, and Release Statement:

In partial consideration of our child's acceptance into the University of Houston's Basketball camp, I/we as parents and/or legal guardians of do hereby agree to limit the liability of the University of Houston and the camps' staff and physicians to the coverage of the excess medical insurance policy covering participants in the University of Houston Basketball Camp. I/we further agree to waive all liability of the University of Houston and the camps' staff and physicians for any accident, injury, illness or other mishap which might befall the above-named camper while traveling to or from or during his attendance at the University of Houston Basketball Camp, which is not covered by the camps' excess medical insurance policy. I/we also expressly waive and release Coach Kelvin Sampson, the University of Houston Basketball Camp, the University of Houston, the camps' staff and physicians from all class and/or causes of action including but not limited to any claims for the NEGLIGENCE OF THE UNIVERSITY OF HOUSTON BASKETBALL CAMP, COACH KELVIN SAMPSON, THE UNIVERSITY OF HOUSTON CAMP STAFF, THE CAMPS' EMPLOYEES AND/OR REPRESENTATIVES.

Further, I/we grant permission to the staff and physicians of the University of Houston any medical or surgical consultant deemed advisable and any hospital to render to the above-named camper any medical and surgical treatment that they may deem necessary. Furthermore, I grant certified medical staff members of the Kelvin Sampson Basketball Camps the ability to distribute any over-the-counter medications as necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

By attending the Kelvin Sampson Basketball Camps, I hereby grant permission to Kelvin Sampson Basketball Camps LLC to use my child's photograph online and/or in publications related to the camp and it's promotion. I also acknowledge that though my child's photo may not be used at this time, it may be used at the organization's discretion at a later date.

I have read, and I understand the camp program and consent to the above statements.

Parent/Guardian Name:

Date:

Parent/Guardian Signature:

Date:
