



Application Form

Player's Name: _____

Address: _____

City: _____

State/Zip: _____

E-Mail Address: _____

Parent(s)/Guardian Phone #: (cell) _____

Parent(s)/Guardian Phone #: (home) _____

Parent(s)/Guardian Phone #: (work) _____

Player's Birthday: _____

Player's T-Shirt Size: _____



Consent, Assumption of Risk, Waiver and Release of Liability

In consideration to my enrollment and participation in Vince Thomas Basketball Training, (VTBT, LLC.) programs, I hereby release and discharge Vince Thomas Basketball Training, (VTBT, LLC.), together with their agents, employees, officers, owners, volunteers, and all other participants forward on behalf of myself, my children, my parents, my heirs, and assigns as follows:

1. I acknowledge that the sport of basketball involves known and unknown risks, which could result in physical, or emotional injury, paralysis, death, or damage to participants, to myself, to property, or to third parties, and that such risks simply cannot be eliminated. To that end, I further acknowledge that Vince Thomas Basketball Training, (VTBT, LLC.), is not responsible for a participant's fitness, abilities, or the equipment being used.
2. I acknowledge and agree to accept and assume any and all of the risks attendant to this activity. My child's participation in this activity is purely voluntary and I elect to participate notwithstanding the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Vince Thomas Basketball Training, (VTBT, LLC.), from any and all claims, demands, or causes of action which are in any way connected with my child's participation in this activity or my use of Vince Thomas Basketball Training, (VTBT, LLC.), equipment or facilities whether on or off the court, including any claims which allege negligent acts or omissions on the part of Vince Thomas Basketball Training, (VTBT, LLC.).
4. In the event Vince Thomas Basketball Training, (VTBT, LLC.), or anyone acting on their behalf, is required to incur attorney's fees and cost to enforce this agreement, I agree to indemnify and hold harmless for all such fees and costs.
5. I certify that my child has adequate insurance coverage for any injury or damage I may cause or suffer while participating, and I agree to bear any and all costs of such injury or damage. I further certify that my child has no medical or physical conditions which could interfere with my safety in this activity, and I am willing to assume all risks and costs that may result, directly or indirectly, from any such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in this activity. I have waived my right to maintain lawsuit against Vince Thomas Basketball Training, (VTBT, LLC.)

I have had sufficient opportunity to read this entire document. I understand it and I agree to be bound by its terms.

Player's Name (printed): _____

Player's Signature: _____

Parent(s)/Guardian Signature: _____ Date: _____



Photo and Media Release

I, hereby give Vince Thomas Basketball Training (VTBT) the right and permission to use, reproduce, edit, exhibit, project, display, copyright and/or publish my/my child's images, likeness, and voice in which I/my child may be included in the whole or in part, developed during participation in the basketball camp and thereafter, and to circulate the same in all forms and media for any lawful purpose whatsoever.

I understand and agree that my/my child's image will become part of the VTBT's photograph file and that it may be distributed to other organizations or individuals for use in publications. I also understand that I will receive no compensation in connection with the use of my/ my child's image.

I hereby waive the right to inspect or approve my/my child's image or any finished materials that incorporates the image. I further release, discharge, and agree to waive the VTBT, their licensees, successors, partners, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof.

Please indicate your agreement to the foregoing by signing below:

Parent(s)/Guardian Name: _____

Parent(s)/Guardian Signature: _____ Date: _____



Medical Treatment Authorization Form

Disclosure of health conditions is voluntary, but having information about pre-existing health conditions will enable VTBT basketball camp staff to obtain proper medical assistance in the case of an accident or illness.

Participant Name:	Date of Birth:
Address:	City, State, Zip:
Physician:	Physician's Phone:
Medical Insurer:	Policy Number:
Allergies (foods, insects, plants, etc.):	

Does your child have any medical conditions that you or your doctor feel may limit basketball camp participation or of which basketball camp staff should be aware?

Does your child need any accommodations to safely participate in this basketball camp?

Is your child taking any medications that must be administered during the basketball camp? If yes, please complete the Medications Information Form attached to this packet.

_____ Yes _____ No



Authorization For Medical Care

To the best of my knowledge, my child is capable of participating safely in the VTBT basketball camp and that any activity restrictions, allergies, medications are listed on this form.

I understand that whenever possible, VTBT basketball camp staff will make a good faith effort to contact me before seeking treatment. If this is not possible, I understand that VTBT basketball camp staff will notify me or my emergency contact as soon as possible of any and all diagnoses and treatments.

I hereby authorize VTBT basketball camp staff to administer general first aid treatment for any minor injuries or illnesses experienced by my child. If the injury or illness is life threatening or in need of emergency treatment, I authorize VTBT basketball camp staff to seek medical treatment as they deem necessary at a local medical center or health care facility while my child is attending the VTBT basketball camp. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary or advisable by a licensed health care provider. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care, and that it is given to provide VTBT basketball camp staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary.

All medical or health care (emergency or otherwise) that my child receives during the VTBT basketball camp will be at my own expense. I understand that VTBT does not provide insurance and it is not the responsibility of VTBT to file insurance claims.

Parent(s)/Guardian Name: _____

Parent(s)/Guardian Signature: _____ Date: _____

Cell Phone: _____ Work Phone: _____



Emergency Contact Information

List at least two and up to four individuals who may be contacted in case of emergency involving your child. Each person listed should be reachable by telephone and able to make decisions on behalf of your child if a parent and legal guardian cannot be reached. Emergency contacts are permitted to and should be able to come to the VTBT basketball camp site and pick up your child if needed.

Name 1: _____

Relation: _____

Cell Phone: _____

Work Phone: _____

Name 2: _____

Relation: _____

Cell Phone: _____

Work Phone: _____

Name 3: _____

Relation: _____

Cell Phone: _____

Work Phone: _____

Name 4: _____

Relation: _____

Cell Phone: _____

Work Phone: _____