

Mission College Preparatory 2009 Summer Slam Basketball Participation Form

Please print legibly:

_____ Date of Birth ____/____/____ Grade _____
Camper's Last Name First Name Month/Day/Year

The above named student, my child, has my permission to participate in the Summer Slam Basketball Camp offered by Mission College Preparatory Catholic High School. I agree to direct my child to cooperate and conform with directions, instructions and rules established by the school, the Athletic Director, coaches, and referees responsible for the sport in which my child is participating.

I certify that my child is physically fit and capable of participating in the Summer Slam Basketball Camp.

I authorize a representative of Mission College Preparatory Catholic High School into whose care the above named student has been entrusted to consent to and permit any and all necessary medical services of my child to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act. I also authorize a representative of Mission College Preparatory Catholic High School into whose care the above named student has been entrusted to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of Mission College Preparatory Catholic High School permission to use his/her judgment in obtaining medical services. I understand that neither the school nor the Diocese of Monterey assumes responsibility for payment of any medical expenses.

I realize that there is a risk of being injured that is inherent in all sports, which I expressly assume on behalf of my child. Accordingly, I waive all claims for damages that my child or I may have, or which may hereafter accrue to me or my child against Mission College Preparatory Catholic High School/Diocese of Monterey. It is further understood and agreed that this waiver and release is to be binding on my successors, heirs, and assigns.

_____ Printed Name of Parent/Legal Guardian _____ Date _____
Parent/Legal Guardian Signature

Please understand that it is your responsibility as the parent/legal guardian to ensure that the information provided on this form is accurate. Thank you

FAMILY INFORMATION – Please print legibly.

Student Name _____ Home Phone _____

Address _____ City _____ Zip _____

Father's Name (first & last) _____ Work Hours _____

Employer/Business _____ Work Phone _____ Wish to be called? YES NO

Work Address _____ City _____ Zip _____

Mother's Name (first & last) _____ Work Hours _____

Employer/Business _____ Work Phone _____ Wish to be called? YES NO

Work Address _____ City _____ Zip _____

EMERGENCY CARE INFORMATION – *Please print legibly.*

Name _____ Relationship _____ Day Phone _____

Address _____ City _____ Evening Phone _____

Name _____ Relationship _____ Day Phone _____

Address _____ City _____ Evening Phone _____

Camper's Doctor _____ Phone _____

Address _____ City _____

Camper's Dentist _____ Phone _____

Address _____ City _____

Camper's Orthodontist _____ Phone _____

Address _____ City _____

CAMPER HEALTH INFORMATION – *Please print legibly.*

Medications _____

Allergies _____

Known Medical Conditions _____

_____ Date of Last Tetanus Vaccination _____

SPECIAL CONCERNS OR INSTRUCTIONS:
