



Nipomo High School and Nipomo Recreation
2024 Summer Basketball Camp
Registration/Medical Release

PLAYER'S NAME: _____

GRADE GOING INTO 2024/25 SCHOOL YEAR: _____

T-SHIRT SIZE: ___YS ___YM ___YL ___AS ___AM ___AL ___AXL

MALE/FEMALE: _____

DOB: _____

OVERALL SKILL LEVEL (Circle One): BEGINNER INTERMEDIATE ADVANCED

HOME ADDRESS: _____

CITY: _____ ZIP: _____

PLAYER'S BEST CONTACT #: _____

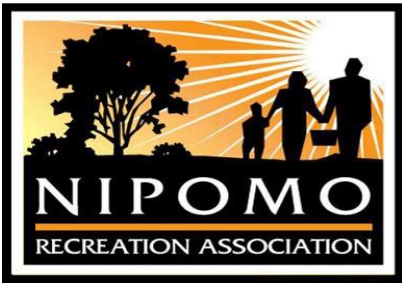
FATHER/GUARDIAN NAME: _____

WORK PHONE #: _____ CELL #: _____

MOTHER/GUARDIAN NAME: _____

WORK PHONE #: _____ CELL #: _____

FOR OFFICIAL USE ONLY	
___ REGISTRATION FORM	___ RELEASE OF LIABILITY
___ PHOTO RELEASE	___ PAID ___ CASH ___ CK ___ CC



**AGREEMENT AND RELEASE OF
LIABILITY
VOLUNTARY PARTICIPATION**



I, _____ parent/legal guardian of
_____ (minor participant) acknowledge that I have voluntarily applied to the
Nipomo High School and Nipomo Recreation Basketball Camp for _____ (minor
participant) to participate in an instructional **Basketball Camp** at the premises of **Nipomo High School
Gymnasium** (location of clinic).

Assumption of Risk - I AM AWARE THE BASKETBALL IS A HAZARDOUS ACTIVITY.

I, _____ parent/legal guardian acknowledge that
_____ (minor participant) WITH MY CONSENT AND PERMISSION, IS
VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED,
AND HEREBY AGREE TO ACCEPT AND ALL RISKS OF INJURY OR DEATH.

Release – As consideration for _____ (minor participant) being permitted by **Nipomo High
School and Nipomo Recreation Basketball Camp** to participate in these activities and use of relates facilities, I
hereby agree that I, my assigns, heirs, distributes, guardians, and legal representative will not make a claim
against, sue or attach the property of Nipomo High School and Nipomo Recreation on account of injury or
damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, representative,
or contractor of the **Nipomo High School and Nipomo Recreation Basketball Camp** as a result of
_____ (minor participant) participation in the basketball clinic. I hereby release
the **Nipomo High School and Nipomo Recreation Basketball Camp** from all actions, claims or demands that I,
my assigns, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or
damage resulting from the participation of _____ (minor participant) participation the
basketball clinic.

Medical Authorization – I hereby authorize the employees, agents, and representatives or contractors of the
Nipomo High School and Nipomo Recreation Basketball Camp to exercise its best judgment for any
emergency medical treatment required by _____ (minor participant) as a result of his/her
participation in the **Nipomo High School and Nipomo Recreation Basketball Camp**.

Knowing and Voluntary Execution -- I HAVE CAREFULLY READ THIS RELEASE AND FULLY
UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A
CONTRACT BETWEEN MYSELF AND **THE NIPOMO HIGH SCHOOL AND NIPOMO RECREATION
BASKETBALL CAMP** ON BEHALF OF _____ (minor participant) AND SIGN IT OF MY
OWN FREE WILL.

Dated: _____

Parent/Legal Guardian

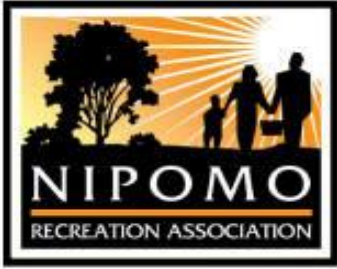


PHOTO RELEASE

PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD WHILE PARTICIPATING IN: Nipomo Recreation Programs

Nipomo Recreation would like your permission to use these pictures on our websites, in our newsletters, or in our brochures.

Nipomo Recreation will never sell these pictures and will use them exclusively for the Nipomo Area Recreation Association and general activities and marketing purposes. Names of the children will not be used in the photos.

____ **Yes.** I grant permission to use photos on Nipomo Area Recreation Association's website, newsletters and/or brochures. I release all photographic rights and give Nipomo Recreation the authorization to publish any photos taken of my child to be used at the discretion of Nipomo Recreation.

Or

____ **No.** Please do NOT take or use any photo of my child.

Child's Name: _____

Parent Name: _____

Parent Signature: _____

Contact Information:

Phone: _____

Email: _____

Date: _____