

# BASKETBALL SKILLS CAMP

## Registration Form

Please complete the form below and send to buckeyeelitebb@gmail.com to register for the Muirfield Basketball Skills Camp.

DATE OF REGISTRATION

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### PERSONAL INFORMATION

Player Name:

Parent Name:

Phone Number:

Email :

Gender :  Male  Female

Player Age:

Muirfield Address :

### PAYMENT INFORMATION

Payment can be submitted in person at the Association Office using cash or check or via Venmo using @kaitlyncarney.

Cost is \$125.00 per player.

REGISTRATION ENDS SUNDAY, JUNE 12TH AT NOON. YOU WILL NOT BE OFFICIALLY REGISTERED UNTIL PAYMENT IS SUBMITTED.

SUBMIT FORM TO BUCKEYEELITEBB@GMAIL.COM

\_\_\_\_\_  
Parent Signature

**MUIRFIELD ASSOCIATION, INC.**

**WAIVER AND RELEASE FOR BASKETBALL SKILLS BASKETBALL SKILLS CAMP**

I, \_\_\_\_\_, a Muirfield resident residing at \_\_\_\_\_ and the parent/legal guardian of \_\_\_\_\_, a minor (the "Child"), voluntarily permit my Child to participate in the Basketball Skills Basketball Skills Camp ("Basketball Skills Camp") on my own free will and accord. I acknowledge that the instructor \_\_\_\_\_ ("Instructor") is an independent contractor and not an agent or employee of the Muirfield Association, Inc. ("Association"), and that any fee the instructor will charge me for the Child's participation in Basketball Skills Camp is a contractual matter between the instructor and myself, and does not relieve me of any financial obligations to the Association. I understand the Association provides no warranty, guarantee, representation or other certification of any kind on the Instructor, Basketball Skills Camp, and any corresponding results, and the Association is not responsible or liable for the Instructor or the Basketball Skills Camp.

I voluntarily permit my Child to participate in Basketball Skills Camp and hereby acknowledges that an accident or injury could occur that may result in property damage or injury, including death, to the Child. I, on behalf of my Child and their executors, administrators, heirs, next of kin, successors, assigns, hereby waive, release, and discharge the Association, its Board of Directors and officers, managing agents, and employees from any and all liability for the death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to the Child.

I further relieve, release, indemnify, and hold the Association, its Board of Directors and officers, owners, occupants, agents, and employees harmless from and against all claims, actions, cause of actions, liabilities, or costs (including, without limitation, attorneys' fees) of whatever nature, kind or description, including, without limitation, for damage or injury to any property or person (including death), arising out of, related to or a consequence of the Child's participation in the Basketball Skills Camp.

I further understand, agree, and acknowledge that I am responsible for any and all actions of the Child, whether unintentional, negligent, or intentional in nature and kind, of or by the Child in participating in the Basketball Skills Camp, including, without limitation, any and all damage to Association property arising from or related to such access and use.

**I certify that I have carefully read this Waiver and Release for Basketball Skills Basketball Skills Camp and fully understand its contents and sign this document as my own free act, with the intention to be legally bound, and to bind any person who could claim through the Child, on and after the date set forth below.**

**READ CAREFULLY BEFORE SIGNING!!**

**Parent/Guardian Signature**

**X** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**X** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_