



2021 PowerZone Basketball Camp Registration



* There is a \$30.00 registration fee per camper

Camper Information	
First name	
Middle name	
Last name	
Gender	
Birthday (MM/DD/YYYY)	
Home address	
City, State, Zip	
Phone	
Cell Phone	
E-mail address	
Parent/Guardian Information	
Parent/Guardian name	
Address	
City, State, Zip Code	
Phone	
Cell Phone	
E-mail address	
Emergency Information	
Emergency contact's name	
Relationship	
Address	
City, State, Zip Code	
Phone number(s)	
Please list all allergies	
Please list all health problems	
Any medications currently taking?	

(Please note: Our staff cannot administer any medications, prescription or non-prescription to campers. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the camper will need to take medications while attending the camp, s/he must bring the medication to camp and assume responsibility for taking it as needed or indicated. This includes insulin, asthma inhalers and nebulizers)

Please mail completed registration and have check payable to:

New Hope Community Church
1821 Meadowview Road
Sacramento, CA 95832

AGREEMENT TO PARTICIPATE AND WAIVER/ASSUMPTION OF RISK

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion is necessary in order to participate. I understand this activity is optional and voluntary. _____ (parent's initials)

Camper Name: _____

I am aware that the above named participating in the PowerZone Basketball Camp ("activity") can involve MANY RISKS OR INJURY including, but not limited to, property damage, bodily injury, personal injury, and death.

In consideration of New Hope Community Church ("Church") permitting the above named to participate in the PowerZone Basketball Camp, I hereby voluntarily assume all risks associated with the participation and release the Church, its members, employees, volunteers or other representatives from all liability for injuries and damages arising out of or in any way related to the above named activity or arising from traveling to and from the Camp, whether said damages, injury or loss is due to negligence or not.

I further agree to indemnify and hold harmless the Church, its members, employees, volunteers or other representatives from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney's fees) for any harm, injury or death arising out of or in any way related to the above named activity (including any heat related injuries or death).

I understand and agree to accept all the rules and requirements of the activity, including safety rules and regulations. I understand, and agree, and grant the Church the right to terminate my participation in the activity at any time and for any reason.

This agreement shall be binding upon my heirs, decedents, successors, executors, assignees, legal representatives, and all family members. The provisions of this agreement including, but not limited to, my waiver of liability and my assumption of risk shall survive this agreement.

I THE UNDERSIGNED, HAVE READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS AND THAT I AM VOLUNTARILY ASSUMING ALL RISKS AND WAVING ANY AND ALL CLAIMS ARISING OUT OF OR IN ANY WAY RELATED TO THIS ACTIVITY AND/OR CLASS. I AGREE TO HOLD THE CHURCH (MEMBERS, EMPLOYEES, VOLUNTEERS, AND REPRESENTATIVES) HARMLESS AS SET FORTH ABOVE. I AGREE THAT NO ORAL REPRESENTATION, PROMISES, OR INDUCEMENTS, NOT EXPRESSLY CONTAINED HEREIN HAVE BEEN MADE AND THAT THIS DOCUMENT CONSTITUTES THE ENTIRE AGREEMENT PERTAINING TO THE SUBJECT MATTER CONTAINED HEREIN.

This agreement shall remain effective from July 19, 2021 to July 23, 2021.

Signature _____

Date _____

Medical Release Form

Authorization of Consent for Treatment of Minor

I, the undersigned parent or guardian of _____, a minor, do hereby authorize any duly authorized employee, volunteer or other representative of New Hope Community Church to act for me according to their best judgment in any emergency requiring medical attention and to render aid, treatment, and medical care deemed reasonably necessary.

I know of no mental or physical problems which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or any other charges in connection with his or her attendance at camp. I agree to abide by the rules and regulations of this camp.

This authorization shall remain effective from July 19, 2021 to July 23, 2021.

Signature _____

Date _____

Media Release Form

I, the undersigned parent or guardian of _____, a minor, do hereby consent and agree that **New Hope Community Church** ("Church"), its employees, members, volunteers, or agents have the right to take photographs, videotape, or digital recording of my child beginning on July 19, 2021 and ending on July 23, 2021 and to use these in any and all media, now or hereafter known. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Church, its employees, members, volunteers, or agents all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used.

I do hereby waive any right to inspect or approve the finished still photographs, videotape, or digital media, and/or associated or independent audio recordings, or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I understand that there will be no financial or other remuneration for recording or photographing my child, either for initial or subsequent transmission, playback, or publication.

I also understand that the Church is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I also hereby release, discharge and agree to indemnify and hold harmless the Church, its employees, members, volunteers, or agents against any liability as a result of any distortion, blurring or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication, distribution or broadcast.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Signature _____

Date _____