

# 2019 K-3rd CoEd Summer Hoops Basketball Camp

@ NEW MARKET ELEMENTARY SCHOOL

Please fill out ENTIRE form and mail it along with payment (payable to LOUYAA) and parent signature to:

**Coach Arnie McGaha**  
**c/o SHBC**  
**6718 Accipiter Drive**  
**New Market, MD 21774**

**June 24-27, 2019\***

**8:30am-12:00pm • New Market ES**  
*For boys and girls currently in grades K-3*

\*Camp will run Tues-Fri (25th-28th) if school ends on June 21 for students

**COST: \$110.00**

## PARTICIPANT INFORMATION:

NAME

ADDRESS

CITY

HOME PHONE NUMBER

EMAIL ADDRESS

CURRENT SCHOOL

CURRENT GRADE

**CAMP SHIRT SIZE:** (Check box for size needed) **YOUTH:** ☐ YS ☐ YM ☐ YL ☐ AS

## EMERGENCY INFORMATION:

MOTHER'S NAME

FATHER'S NAME

EMERGENCY CONTACT NUMBER 1 (CELL)

EMERGENCY CONTACT NUMBER 2 (CELL)

MEDICAL CONCERNS

## PARENTAL CONSENT & WAIVER

As the parent or guardian of the child I am registering for LOUYAA/SUMMER HOOPS, LLC basketball camp(s), I expressly authorize my child's participation in such programs and accept the following terms and conditions pertaining to injuries or death that may arise from my child's participation, with full knowledge, understanding and appreciation for the risks involved: I expressly and personally assume all risks of injury or death to my child that may arise from his/her participation in the camp, and all risks and liability for injury or death that may occur to other participants in the camp as a result of my child's intentional or negligent acts. Basketball can be a dangerous sport involving various levels of physical effort, strain and contact with other players and serious injury or death may result from participation in such an activity. LOUYAA and the SUMMER HOOPS, LLC staff are not responsible or liable for the negligent or intentional acts or omissions of participants. I hereby waive any claims that I may have for myself or my child against LOUYAA & SUMMER HOOPS, LLC staff that may arise out of my child's participation in the camp, and any injury, including death, resulting from such participation, and release LOUYAA & the SUMMER HOOPS, LLC staff from any and all damages, losses, liabilities, costs, and expenses resulting from any injury or death and claims arising there from. I, as the parent or legal guardian of the Participant, hereby forever indemnify and irrevocably agree to defend and hold harmless LOUYAA & the SUMMER HOOPS, LLC staff from and against any liabilities, losses, costs, and damages that may arise out of my or my child's acts or omissions. This indemnification is in consideration of the Participant's enrollment in the camp and is made knowingly and voluntarily. The waivers and releases set forth herein shall be binding upon the personal representatives, agents, heirs, and estates of the Participant. I hereby authorize LOUYAA & the SUMMER HOOPS, LLC staff to render emergency first aid to my child in the event of injury. I further authorize LOUYAA & the SUMMER HOOPS, LLC staff to act as my agent for the purpose of authorizing emergency medical treatment until a legal guardian can be contacted.

NAME OF CHILD: ("Participant")

PARENT SIGNATURE:

☐ I give my permission for my child's photo to be used in future Summer Hoops camp brochures.