

PRE-SEASON BASKETBALL CAMP REGISTRATION

PARTICIPANT INFORMATION

PLAYER'S NAME:		BIRTH DATE:	
AGE (AS OF DEC 1):	# OF BASKETBALL SEASONS PLAYED:	(CHECK ONE)	MALE FEMALE

PARENT/ GUARDIAN NAME

SPONSOR:		RANK:	
SPOUSE:		RANK:	
ADDRESS:			
CITY:	STATE:	ZIP:	
HOME #:	SPONSOR WORK#:	SPONSOR CELL#:	
SPOUSE WORK#:	SPOUSE CELL#:	PREFERRED:	

EMAIL ADDRESS (PLEASE PRINT YOUR EMAIL ADDRESS/ES IN THE BOXES BELOW)

LOCAL EMERGENCY CONTACT (NOT PARENT)

NAME:	PHONE NUMBER:
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PLEASE LIST ANY HEALTH CONCERNS/ ALLERGIES/ MEDICATIONS OR OTHER ISSUES THAT YOU THINK YOUR CHILD'S COACH OR YOUTH SPORTS SHOULD KNOW ABOUT:

PRE-SEASON BASKETBALL CAMP REGISTRATION

AGREEMENT AND RELEASE OF LIABILITY FOR MINOR’S PARTICIPATION IN QUANTICO MARINE CORPS COMMUNITY SERVICES (MCCS) SEMPER FIT BRANCH ACTIVITIES

-I, THE PARENT/ LEGAL GUARDIAN OF _____, DO HEREBY GIVE MY PERMISSION FOR HIS/ HER ATTENDANCE AND PARTICIPATION IN THE QUANTICO SEMPER FIT BRANCH BASKETBALL CAMP PROGRAM AND ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO PARTICIPATION. I UNDERSTAND AND AGREE THAT I MAY BE HELD LIABLE FOR ANY DAMAGES OR LOSS TO MCCS CAUSED BY MY MINOR CHILD’S GROSS NEGLIGENCE OR WILLFUL MISCONDUCT.

- I HEREBY RELEASE AND HOLD HARMLESS THE UNITED STATES GOVERNMENT*, UNITED STATES MARINE CORPS, THE MCCS ACTIVITY, ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS ACTING OFFICIALLY OR OTHERWISE FROM ANY AND ALL LITIGATION, CLAIMS, DEMANDS, OR ACTIONS FOR ANY LOSS, DAMAGE OR INJURY TO MY CHILD OR PROPERTY, THAT MAY OCCUR FROM ANY CAUSE WHATSOEVER AS A RESULT OF PARTICIPATION IN THE QUANTICO SEMPER FIT BRANCH BASKETBALL CAMP PROGRAM

- I AUTHORIZE A REPRESENTATIVE OF SEMPER FIT YOUTH SPORTS, INDIVIDUALLY OR COLLECTIVELY, TO TAKE SUCH ACTIONS AS THEY, IN THEIR INDEPENDENT JUDGEMENT, CONSIDER TO BE IN THE BEST INTEREST OF MY CHILD. IN THE EVENT OF ACCIDENTS OCCURRING THE COURSE OF REGULAR SUPERVISED PARTICIPATION IN THE BASKETBALL CAMP.

- I EXPRESSLY AUTHORIZE A REPRESENTATIVE OF SEMPER IT YOUTH SPORTS TO TRANSPORT OR ARRANGE TRANSPORTATION FOR MY CHILD TO THE NEAREST U.S. GOVERNMENT FACILITY PROVIDING EMERGENCY MEDICAL SERVICES TO AUTHORIZED FAMILY MEMBERS. IN CONJUNCTION THEREWITH, I HEREBY GRANT PERMISSION FOR THE ADMINISTRATION OF ANY AND ALL EMERGENCY MEDICAL TREATMENT, DEEMED BY COMPETENT MEDICAL AUTHORITY, TO BE IN THE BEST INTEREST OF MY CHILD.

COVID-19 ASSUMPTION OF RISK

BY REGISTERING TO PARTICIPATE IN THIS SPORTING ACTIVITY, YOU UNDERSTAND AND EXPRESSLY ACKNOWLEDGE THAT AN INHERENT RISK OF EXPOSURE TO COVID-19 EXISTS IN ANY PUBLIC PLACE WHERE PEOPLE ARE PRESENT. PARTICIPATING IN MCCS SPORTING ACTIVITIES MAY INCREASE YOUR EXPOSURE TO COVID-19 SINCE WEARING A FACE MASK AND THE ABILITY TO MAINTAIN SOCIAL DISTANCING MAY NOT BE PRACTICABLE EVEN THOSE BOTH MITIGATE THE RISK OF EXPOSURE TO THE COVID-19 VIRUS. THE RISK MITIGATION MEASURES ARE RECOMMENDED BY THE CDC AND PREVENTION AND FEDERAL AND STATE GOVERNMENTAL ENTITIES. AS A CONDITION OF YOUR PARTICIPATING IN THE MCCS SPORTING ACTIVITY YOU VOLUNTARY ASSUME ALL RISKS RELATED TO EXPOSURE TO COVID-19.

SIGNATURE OF PARENT/ GUARDIAN

DATE

RELEASE AND AUTHORIZATION FOR USE OF PHOTOGRAPHS BY MARINE CORPS COMMUNITY SERVICES

I, _____, USMC (OR FAMILY MEMBER), BEING OVER THE AGE OF 18 YEARS, HEREBY AUTHORIZE MARINE CORPS COMMUNITY SERVICES (MCCS) TO TAKE, USE AND DISTRIBUTE MY PHOTOGRAPH (OR PHOTOGRAPH OF MY CHILDREN) TAKEN AT THE YOUTH SPORTS PROGRAM FOR USE IN OFFICIAL MCCS PUBLICATIONS TO INCLUDE, BUT NOT LIMITED TO, IT’S WEBSITE, FREE OF ANY FEE OR CHARGE. I AGREE TO HOLD MCCS, IT’S EMPLOYEES, AND THE UNITED STATES MARINE CORPS, HARMLESS FOR ANY CONSEQUENTIAL DAMAGES OR HARM SUCH PUBLICATION MAY DO NOW AND IN THE FUTURE TO MYSELF, MY FAMILY, MY HEIRS AND ASSIGNS.

MY NAME, OR THE NAME(S) OF MY MINOR CHILDREN, _____ BE USED IN CONJUNCTION WITH THE hy" 00= 48 \ 7u=- PHOTOGRAPHS. MAY MAY NOT

SIGNATURE OF PARENT/ GUARDIAN

DATE

QUANTICO YOUTH SPORTS AUTHORIZATION FOR CHILD PICK UP

Childs Name(s): _____

Parents Name(s): _____

Parent Phone #(s): _____

List 2 names and phone numbers of others who are authorized for pick up

***(Write "parents only" if no others will pick up)**

1. Name: _____ Phone # _____

2. Name: _____ Phone # _____

***ID MUST BE PRESENTED AT THE TIME OF PICK UP. CHILDREN MUST BE SIGNED IN AND OUT OF CAMP EACH DAY ON THE ROSTER PROVIDED TO COACHES**

***NO CHILD WILL BE RELEASED WITHOUT PRESENTING PROPER ID.**

***ALL OTHERS AUTHORIZED TO PICK UP CHILDREN MUST HAVE THEIR NAMES ON THE LIST**