**TYREE EVANS /ASSIST Back to School Basketball Camp Registration Form**

**Celebration Outreach Center 5501 Midlothian Turnpike Richmond VA 23225**

August 27th 2018 to August 31st 2018 Richmond VA 9:00am -5:00pm Ages 6-18

$100 Per Kid Fee Non Refundable Richmond Parks and Rec Kids $50

Call 804-397-3261 or 773-617-1428 for more information email application to [greatprogramasa@aol.com](mailto:greatprogramasa@aol.com)

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| **Player Information** | | | | | | | | | |
| Player Full Name: | | | | | | Nickname: | | | |
| Home Address: | | | | | | | | | |
| City: | | State: | | | | | | Zip Code: | |
| Home Phone: | | | | | | Cell Phone: | | | |
| Age | | | | | | | | | |
| GPA: | | Current Grade: | | | | | | Year of Graduation: | |
| Height: | Weight: | | | Positions Played: | | | | | |
| Individual Stats: |  | |  | |  | |  | |  |
| **Parent/Guardian Information** | | | | | | | | | |
| Home Address: | | | | | | | | | |
| City: | | State: | | | | | | Zip Code: | |
| Home Phone: | | | | | | Cell Phone: | | | |
| Email Address: | | | | | | | | | |
| **School Information** | | | | | | | | | |
| School Name: | | | | | | Telephone: | | | |
| Address: | | | | | | | | | |
| City: | | State: | | | | | | Zip Code: | |
| Coach’s Name: | | | | | | Telephone: | | | |
| Email Address: | | | | | | | | | |
| **Other Information** | | | | | | | | | |
| Goals | | | | | |  | | | |
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| Athlete’s Signature: | Date: |
| Parent’s Signature: | Date: |

**Participant Rules**

We expect Assist student athletes/ Tyree Evans Participants to conduct themselves in an exemplary way. This program is for serious and mature athletes only. We work hard with serious athletes, but those who conduct themselves in ways that are detrimental to the program will be asked to leave.

Don’t bring any IPODS, Walkmans, anything of value or any other similar items to this showcase. Assist Student Athletes and/or Tyree Evans will not be liable for any lost or stolen items.

**Waiver of Liability**

**VOLUNTARY WAIVER AND RELEASE:** The player (or his/her parent or guardian), by signing the entry form, hereby releases, waives and discharges, and covenants not to sue Assist Student Athletes, or Tyree Evans (referred to herein as HOST), all Events sponsors, the owner(s) of the Event premise(s), and charities and each of their volunteers, agents, directors, officers, employees, attorneys, insurers, servants, agents, parents, divisions, subsidiaries, predecessors, successors and representatives (referred to herein as EVENT ORGANIZERS) from any and all liability to the player, his/her personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claims and demands of every kind and nature, for damages actual and consequential, past, present and future, arising out of or in any way related to the Events, including but not limited to any claims of personal injury or death from playing in the Events or the loss of personal property by theft or otherwise during the Events, any publicity relating to the Events, and any loss of collegiate or high school eligibility as a result of participation in the Events, whether caused by the negligence of the Event Organizers or otherwise. INDEMNIFICATION AND HOLD HARMLESS: The player (or his/her parent or guardian), by signing the entry form, hereby agrees to indemnify and save and hold harmless the Event Organizers and each of them from loss, liability, damage or cost they may incur due to the player’s participation in the Events, whether caused by the negligence of the Event Organizers or otherwise. ASSUMPTION OF RISK: The player (or his/her parent or guardian), by signing the entry form, hereby assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of the Event Organizers or otherwise while participating in or observing the Event. PUBLICITY: The player (or his/her parent or guardian), by signing the entry form, hereby consents to the use without compensation, of his/her name and/or likeness, biographical material and/or voice in publicity and advertising concerning the Events, any Event sponsors and/or their promotion in any and all media and throughout the world.

**Note:** I currently have and agree to maintain throughout the time my child participates with Assist Student Athlete events/tournaments, valid and sufficient medical and accident insurance. I agree that is my responsibility to provide this coverage for my child. If my child is injured and requires medical care, I consent to such care.

**Signatures on this entry form indicate agreement with the terms of this waiver.**

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| Player’s Name (print): |
| Player’s Signature: |
| Date: |
|  |
| Parent’s Name (print): |
| Parent’s Signature: |
| Date: |