

Catawba

Women's Basketball

ELITE CAMP

August 1st

9AM-4PM

\$85

Goodman Gymnasium

**To Register, please call or email
Coach McCutcheon or Coach Tsitouris**

Coach McCutcheon Cell: (337) 849-1043 Email: Tmccutch18@catawba.edu

Coach Tsitouris Cell: (980) 328-5171 Email: ETsitour20@catawba.edu



• COVID-19 & Release of Liability Waiver

****Signature Required Prior to Event Participation****

- Player Name*

First Name Last Name

- Parent/Guardian Name (if player is a minor)

First Name Last Name

- Phone Number*

Phone Number

- Email*

example@example.com

- I agree to the following: *

I affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms of COVID-19, including, but not limited to, cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell WITHIN THE LAST 14 DAYS. I affirm that I, as well as all household members, do not have any pending COVID-19 test results. I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS. I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS. I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections WITHIN THE PAST 14 DAYS. I understand that neither Catawba College nor Catawba Basketball Camps can be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each player.

- By signing below, I agree to each statement above and release Catawba Basketball Catawba College, and any and all participants in this event who can be proved to be truthful on this waiver from any and all liability for the unintentional exposure or harm due to COVID-19.
- Informed Consent and Acknowledgement

I hereby give my approval for my/my child's participation in Catawba Basketball Camps. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Catawba Basketball Camps and all its respective officers, agents, and representatives, including, but not limited to Catawba College, from any and all liability for injuries to said player arising out of travel to, participating in, or returning from this Camp.

In case of injury to said player, I hereby waive all claims against Catawba College including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct this event.

Furthermore, all images and videos of Catawba Basketball Camp events are the property of Catawba College and can be used for any promotional consideration.

I hereby state that I have carefully read the above waiver. Acceptance and understanding of this agreement are hereby acknowledged.

I have read and agree to the Informed Consent and Acknowledgement.

Name _____ Date _____

Parents/Guardian _____ Date _____

CAMP INFORMATION & INSURANCE FORM

FOR THE PARENT TO COMPLETE: I certify that the applicant is in good health and may take part in the full camp program. Following if applicable, are any exceptions, along with a list of allergies or sensitivities to medication (especially penicillin). Attached is any other vital medical information. By my signature below, I hereby authorize the camp physician to proceed with emergency medical treatment, x-rays, anesthesia, surgical operations, etc., in case of an accident or health emergency involving my daughter, with the understanding that the camp director will contact me or the designated person as soon as possible. (Required by insurance and area hospitals). I acknowledge that my daughter is applying to this camp and give my approval to this application and to the provisions stated above.

Parent's Signature _____ Date _____

Person to be contacted during camp, in case of emergency:

Name _____

Relationship _____

Day Phone _____

Waiver Statement

Camper's Insurance Co All campers must have their own medical coverage. The camp provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to play unless the following information is submitted and the form is signed by the parent and or guardian of the camper.

Insurance Address/Phone _____

Policy No. _____

PLEASE PRINT ALL INFORMATION CAMPER NAME: _____

CAMPER ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE NUMBER: _____

AGE: _____

GRADE (FALL 2021): _____ **SCHOOL:** _____

PARENT/GUARDIAN NAME: _____

PHONE NUMBER: _____

COACH'S INFORMATION

NAME: _____ **PHONE NUMBER:** _____