

Fall Tune-Up BASKETBALL CAMP

(Please Print)

Participant Name _____

Address _____

City _____ State " _____ 'ZIP _____

Home Phone _____

Cell Phone _____

Birthday ___/___/___ Age _____ Gender Female

School Attend _____ Grade _____

E-Mail Address _____

What basketball team do you play for? _____

What church do you attend? _____

Emergency Contact: _____

Phone _____

I hereby release and discharge World Overcomers Outreach Ministries Church & Frank Harris & our authorized representatives, staff, and volunteers from all liabilities, of any kind or character, upon any claim, demand, or cause of action, which might be asserted on behalf of said applicant against staff of volunteers. Furthermore, in the event of an accident or illness, I hereby grant permission to said staff or representative to administer first aid and/or transport applicant to the nearest medical facility for treatment. I accept full responsibility for any financial obligation concerning this matter. I understand that I am responsible for sports related activities for my child. I grant permission for my child, _____ to participate in this program. Tennessee law requires University of Memphis and subsidiaries' staffer volunteers to report any and all incidences of abuse and/or neglect of minor children.

Parent Signature _____ **Date** _____