

# NewCath HOOPS CAMP

## Permission Slip

### **Please Print**

Father's Name \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_  
Phone Number \_\_\_\_\_

### **Release**

For and in consideration of participation by \_\_\_\_\_  
In the NCC Basketball Camp, I agree to hold Newport Central Catholic and its employees harmless and to waive the right to bring legal action against Newport Central Catholic and its employees for any injuries sustained during the course of this basketball camp

Students are encouraged to carry their own accident and/or medical insurance. Coaches and instructors of the Newport Central Catholic Basketball Camp are safety conscious and follow appropriate safety procedures. In the event of injury or illness, every effort will be made to contact the parents or guardian.

If necessary, I authorize Newport Central Catholic to administer first aid and/or authorize medical treatment if this becomes necessary. The above named participant has had a medical examination within the last twelve months and is capable of participating in the basketball camp.

**This agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its contents and intent.**

If parent or guardian cannot be reached call:  
Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_