



2011

**Global Elite Exposure
Camp**



February 25 -27

| | | | | | |
|--|-----------------------------------|--|--|---|--------------------|
| Today's Date: | | Team Name: | | | |
| PARTICIPANT INFORMATION | | | | | |
| Last Name: | | First: | | Middle Initial: | |
| Parent's Last Name: | | First: | | Middle Initial: | |
| Street Address: | | City: | | State: | |
| | | | | Zip Code: | |
| Work Phone: | | Home: | | Cell: | |
| Birth Date: | | Age: | | Gender: | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | Ht.: | |
| | | | | Wt.: | |
| Current School: | | | Current Grade: | | |
| Email Address: | | | | | |
| Is the child covered by insurance? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Name of Insurance: |
| Insurance ID #: | | | Group #: | | |
| Child's last Physical | | Primary Care Physician: | | | |
| | | | | | |
| All participants must have a physical or a letter from their physician prior to initial participation in any athletic training or events. The information must be presented with this form. | | | | | |
| IN CASE OF EMERGENCY | | | | | |
| Name of Emergency Contact | | Relationship to child: | | Home Phone: | Cell Phone: |
| | | | | | |
| | | | | | |
| <p>Release from Liability: Recognizing that MBA will do its best to ensure a safe experience, I understand that accidents may occur from both my child's participation in youth sports activities and from transportation to and from the program to tournaments, events, training facilities, etc... I agree to assume the risks. By signing below, I release MBA, its employees, volunteers, independent contractors, directors, and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.</p> <p>Photo/Image Release: I hereby release Mississippi Basketball Association to use photographs or videos of my child to be used for marketing/promotional purposes only.</p> <p>I have read and understand the above and have completed this form to the best of my ability. I also support the MBA youth sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.</p> | | | | | |
| Parent/ Guardian Signature | | | | Initials | Date: |
| <i>Office Use Only</i> | | | | | |
| Payment | <input type="checkbox"/> Cash____ | <input type="checkbox"/> Check No. _____ | <input type="checkbox"/> Money Order No. _____ | Approved By: _____ | |
| | | | | Date: _____ | |