

COACH Z'S BASKETBALL CAMP AT EMORY UNIVERSITY

Name _____

Address _____

City _____ State _____ Zip _____

Age (at start of camp) _____

Parent(s) _____

Home Phone _____ Work Phone _____

Parent's E-Mail (to send an e-mail confirmation) _____

Circle Camp Below:

Session I – June 8 - June 12 (Boys, Ages 8-18) Enclosed

Full Payment	\$300	_____
or		
Deposit	\$100	_____
Before Care	\$50	_____
After Care	\$50	_____

Session II – July 27 – July 31 (Boys, Ages 8-18)

Full Payment	\$300	_____
or		
Deposit	\$100	_____
Before Care	\$50	_____
After Care	\$50	_____

Make checks payable to:
Coach Z's Basketball Camp Inc.
Mail to:
Coach Z's Basketbal Camp
Attn: Jason Zimmerman
Emory University/Woodruff Physical Education Center
600 Asbury Circle
Atlanta, GA 30322

****Signature Required on Consent****

CONSENT FORM

Consent to Medical Treatment and Release of Liability

I certify that I am the parent and/or legal guardian of the child named on this registration form ("Child") and that I give consent without reservation to the following release on behalf of the Child. I hereby authorize Child to participate in the basketball camp offered by Coach Z's Basketball Camp at Emory University (the "Camp"), and by the execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the directors of this program have been established for Child's benefit.

I hereby voluntarily assume all risk of accident, harm, or injury to Child which may arise out of his participation in the Camp, and therefore indemnify, release, defend, hold harmless and forever discharge the Camp, Jason Zimmerman, Emory University, and any of their employees, contractors, agents, representatives, designees and other personnel from any and all liability, claims, demands, damages, costs, expenses, actions, and causes of action that may result from my child's participation in the Camp. In addition, I hereby give my permission and authorization for emergency or routine medical treatment in the event I cannot be reached in a timely manner.

I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above named child while attending the Camp. I also agree to indemnify, release, defend, hold harmless and forever discharge the Camp, Jason Zimmerman, Emory University, and any of their employees, contractors, agents, representatives, designees and other personnel from any and all liability, claims, demands, damages, costs, expenses, actions, and causes of action or judgments by or on behalf of Child arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.

Parent/ Guardian Signature

Date

Print Camper's Name

Emergency Phone

Insurance Carrier Policy Number

For More Information, contact:

Jason Zimmerman

404-727-4422

jzimme4@emory.edu

MEDICAL INFORMATION AND PARENTAL CONSENT FORM

Name of Camper _____

Please provide information about the above minor:

Allergic reactions _____

Present medications _____

Date of last Tetanus Toxoid _____

Past illness or other information that would be useful in the event of treatment if necessary:

IN CASE OF AN EMERGENCY:

Father _____

Home Phone _____ Work Phone _____

Mother _____

Home Phone _____ Work Phone _____

Insurance Company _____

Policy Holder _____

Policy Number _____

In the event a parent or guardian cannot be contacted, please indicate one of the following:

I hereby certify that the staff at Coach Z's Basketball Camp at Emory University has full and unconditional authority to proceed with diagnosis and treatment as judgment indicates for injuries during camp. Coach Z's Basketball Camp at Emory University shall not be held responsible for any consequence from such injuries.

I authorize limited care as follows: _____

I declare that I am the father/mother/guardian (circle one) of the above-named minor.

Signature _____ Date _____

Please send with application to:
Emory University Men 's Basketball Office
Attn: Jason Zimmerman
600 Asbury Circle – Woodruff P.E. Center – Atlanta, GA 30322