



Mustang Basketball Camp Waiver

Date	June 17th - 21st	Time	5:30pm – 7:30pm		
Location	Roosevelt High School Gym				
Cost	\$75	Payment Method:	Cash	Check	Paid: Yes _____ No _____
Notes	Sibling(s):				
Parent's Name		Cell Phone: ()	-	Cell Phone: ()	-
Camper Name		Age: _____		Grade: _____	
School		(Youth) Shirt Size:	S	M	L XL

*******Make checks payable to ERHS Boys Basketball Booster Club*******

I hereby give permission for my minor child to participate in the Mustang Youth Basketball Camp. I recognize and understand that the minor child will be participating in activities, which may expose the minor child to some level of risk of injury and that the minor child will be participating at his/her own risk. I agree to and hereby do release and hold harmless ERHS, ERHS Boys Basketball Booster Club, Corona-Norco Unified School District, coaches and administrators of the camp against loss (including reasonable attorneys' fees) from any and all claims, or causes of action of any kind or nature that may be brought by or on behalf of the said minor child or by me arising out of any and all known or unknown, fore- seen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by the said minor or by me arising out of or in connection with the Camp. Furthermore, I agree to indemnify ERHS & Corona-Norco Unified School District for any loss or damage to the premises, facility, or equipment caused by my minor child. Such indemnification shall include costs and expenses incurred by ERHS & Corona-Norco Unified School District, including reasonable attorneys' fees. I also agree that the Program may use images of my child for publicity and advertising purposes.

The below health history is true and correct to the best of my knowledge and the person herein described has permission to engage in all prescribed Camp activities. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named, below:

Camper's Printed Name _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____

HEALTH HISTORY (check all that apply):

Asthma _____ Migraines _____ Seizures _____ Diabetes _____ Heart Murmur _____

Allergies:

Bee/Insect Stings _____

Food _____ Penicillin _____

Other Drugs _____ Other: _____

Medications camper is currently taking (please be specific): _____