



2018 AZZI CAMP REGISTRATION FORM

Date & Time: Saturday, Aug. 25 from 1 - 4:30 PM & Sunday, Aug. 26 from 1-4 PM

Place: TEL HI Gym, 555 Chestnut Street

Cost: Full Scholarships Available/ Sliding Scale! \$100 Full Price

Age: K- 5th Grades, Co-ed Boys & Girls

Please have your child bring a water bottle each day

Return form to Sean Singer at SSinger@telhi.org

Section 1: PLAYERS INFORMATION

First Name	Last Name	Middle Initial	Age	Date of Birth(mm/dd/yyyy)
Gender (M of F)	List any medical restrictions or conditions (e.g., allergies, etc.):			
Address				
Name of School				
Home Language	Japanese Khmer/ Cambodian English Spanish Cantonese	Korean Laotian Mandarin	Samoan Tagalog Toishanese Vietnamese Arabic	Russian ASL Other:

Section 2: PARENT'S INFORMATION

Parent 1: First and Last Name	Cell Number	E-mail
Parent 2: First and Last Name	Cell Number	E-mail

EMERGENCY CONTACT INFORMATION

Name of doctor to call in case of emergency	Doctor's Phone Number
If physician cannot be reached in case of an emergency: <input type="checkbox"/> CALL EMERGENCY HOSPITAL <input type="checkbox"/> OTHER (EXPLAIN):	

AGREEMENT FORM

Please read the following Agreement Form carefully.

In order to participate in the TEL HI Azzi Basketball Camp, this agreement form needs to be fully completed with proper parent/guardian signatures.

For Emergency Treatment

I authorize the Telegraph Hill Neighborhood Center (TEL HI) to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to TEL HI in conjunction with any authorized event.

If the Parent/Guardian cannot be reached in an emergency, I/We hereby give permission for whatever medical treatment may be considered necessary by a physician or hospital for My/Our child.

General Release of Liability & Parent Permission

I/We, the parent/guardian(s) hereby give My/Our permission for My/Our child's participation in sports and recreation activities. I/We agree to direct My/Our child to cooperate and conform to directions and instructions of personnel responsible for all activities.

I/We understand that there are certain risks of injury inherent in the practice and play of this sport, and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as noted above.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless this organization, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the game of basketball and the activities incidental thereto, whether the result of negligence or any other cause.

Media Release

TEL HI documents program activities which help assist in obtaining funding to support programs. I hereby consent to the use of my/my child's name, likeness and speech in any audio tape, video tape, film or photograph made in any TEL HI activity for the business or publicity purposes of TEL HI and its partners. I understand that any participation offers no remuneration and that my/my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad. I expressly release TEL HI its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program.

I acknowledge that this general release of liability of Telegraph Hill Neighborhood Center (TEL HI) is binding on me personally and not on my heirs, personal representatives, successors, and assigns. I understand and agree to the policies stated above.

Parent/ Legal Guardian Signature

Date

STATEMENT OF CONFIDENTIALITY: The information provided herein or in attachments hereto will be kept strictly confidential. North Beach-Chinatown Beacon Center and TEL HI will not release any specific information to any person. Summarized, aggregate information will be used by the Beacon/TEL HI for program evaluation and funding purposes only.