



# Bison Basketball Camps

## APPLICATION / SUMMER 2019

### Excellent Instruction in a Character-Building Environment

#### Camp Application

CAMPER NAME \_\_\_\_\_

☐ MALE ☐ FEMALE DATE OF BIRTH: \_\_\_\_\_ RISING GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

*NOTE: Confirmations are sent via e-mail. Please provide current, accurate e-mail address.*

CELL PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

BOARDING? ☐ YES ☐ NO IF YES, ROOMATE REQUEST (2 CAMPERS/ROOM) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

#### Camp Choice

- ☐ **JUNIOR BISON DAY CAMP / May 28-31** / boys and girls ages 5-8; 8:30-10:30 a.m.; \$100 full payment
- ☐ **BOYS' & GIRLS' DAY CAMP / May 28-31** / age 8-grade 9; 8:00-4:00 p.m.; \$100 deposit, \$225 full payment
- ☐ **GIRLS' FUNDAMENTALS / POST & PERIMETER CAMP / June 8-11** / age 9 through grade 12; \$100 deposit, \$375 full payment
- ☐ **BOYS' FUNDAMENTALS / POST & PERIMETER CAMP / June 8-11** / age 9 through grade 12; \$100 deposit, \$375 full payment
- ☐ **GIRLS' ELITE CAMP / June 23** / Advanced players; rising high schoolers; Noon-5:00 p.m.; \$50 full payment

#### Release and Medical Authorization

I, the undersigned parent/guardian, do hereby agree to assume all the risks and responsibilities surrounding and pertaining to my child's participation in the Camp. I agree to defend, hold harmless, indemnify, release and forever discharge Lipscomb University, and all its officers, agents and employees from and against any and all claims, demands and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my child's participation in said Camp which results from causes beyond the control of, and without the fault or negligence of, Lipscomb University, its officers, agents or employees, during the period of my child's participation in the Camp.

FURTHER, I hereby grant permission to the camp director and/or other school officials the right to seek and/or administer appropriate medical aid to my child in the event of an emergency.

By signing this release I hereby give Lipscomb University my permission to license the images and video and to use them in any media for any purpose (except pornographic, defamatory, libellous or otherwise unlawful) which may include, among others, advertising, promotion, marketing and packaging for any produce or service. I agree that the images may be combined with other images, text and graphics, and cropped, altered or modified.

I agree that I have no rights to the images and video, and all rights belong to Lipscomb University. I acknowledge and agree that I have no right to consideration or accounting, and that I will make no claim for any reason to Lipscomb University. I acknowledge and agree that this release is binding upon my heirs and assigns. I agree that this release is irrevocable, worldwide and perpetual, and will be governed by the laws of the United States of America, excluding the law of conflicts.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**REFUNDS** Fees are refundable only for medical reasons and requests must be accompanied by a physician's letter. In such a case, a \$25 application processing fee will be applied.

**PAYMENT** A deposit or full payment is required with mailed application. Please pay online with a credit card for all online applications: [www.lipscombsports.com/camps](http://www.lipscombsports.com/camps)