

MIDNIGHT SUN BASKETBALL CAMP

REGISTRATION FORM

Participant Information (Please print legibly)

Camp: Team Camp Individual Camp Elite Camp

Last Name: _____ First Name: _____

Age: _____

School: _____

Grade attended year 2021-2022: _____

Home Address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Telephone: _____ Mobile: _____
(Include area code with telephone)

Parent Email: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Day Phone: _____

Parent/Legal Guardian Mobile Phone: _____

Emergency contact: _____

Relationship: _____ Phone: _____

RELEASE AND CONSENT

I, the undersigned, hereby certify that I am the parent/legal guardian of _____ (full name of camper).

I hereby state that my child is in good mental and physical health condition to participate in the Midnight Sun Basketball LLC Camp (the "**Camp**"). I understand that basketball is an active physical sport and that injuries can occur during participation at the Camp. I also understand that there will be more campers than staff at the Camp, and that my child cannot receive individualized attention and individualized supervision at all times. I hereby give my permission for the Camp staff to seek appropriate medical attention for my child, and for any qualified member of the Camp staff, emergency medical technician, physician, or any other qualified individual to administer care and provide any medical treatment deemed necessary for my child in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious. Camp staff have put in place preventative measures to reduce the spread of COVID-19; however, Camp cannot guarantee that you will not become infected with COVID-19. Further, attending Camp could increase your risk of contracting COVID-19. As a participant in Camp, I acknowledge that:

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- A) I recognize that my participation in Camp includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
- B) I understand and know there are both unknown and known symptoms of COVID-19, and by signing below I am releasing that I am not showing symptoms and have not shown symptoms in the last 14 days (e.g. cough, shortness of breath, fever, headache, chills, muscle pain, sore throat, new loss of taste or smell, vomiting, etc.)
- C) I willingly agree to comply with the stated and customary terms and conditions for participation in regards to my protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- D) I willingly agree to alert Camp staff if I have reason to believe I have contracted COVID-19 or any other infectious disease, and it is my responsibility to take reasonable steps to avoid passing said disease to others, including, but not limited to, immediately leaving Camp, self-isolating or quarantining away from others, and getting the advice of a medical doctor/health care provider (Camp is not an expert on COVID-19 or other illnesses).

I hereby release and forever discharge, and agree to indemnify and hold harmless, Midnight Sun Basketball, LLC, and their respective employees, officers, directors, facilities, staff and agents from any and all liability damage or expense arising out of my child's participation at the Camp.

I understand that Midnight Sun Basketball, and the Camp staff have the right to deny admittance to any student not meeting the standards of the Camp as they see fit. I also agree not to hold these parties responsible in the event that my child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of Camp, etc.) or becomes involved in any activity or with any persons not associated with the Camp, and that Midnight Sun Basketball and the Camp staff have the right to send my child home for inappropriate conduct.

Additionally, I hereby consent and give permission to Midnight Sun Basketball, including its subsidiaries, employees, officers, agents, assigns, and all persons acting under its permission or authority, to photograph, film, videotape, or otherwise record (through visual or audio means) me or my property.

I also hereby voluntarily and irrevocably grant and assign to Midnight Sun Basketball LLC the following rights with respect to the photograph(s), film(s), videotape(s), recording(s) or other material(s) ("Collective Recording(s)") so taken or made:

- A) All rights of any nature in the recordings on a permanent, royalty-free worldwide basis, including but not limited to the right to copyright, use, duplicate, reproduce, alter, publish, distribute, modify, sublicense, assign, publicly perform or display the Collective Recording(s) in any medium and for any purpose. The purpose for which the Collective Recording(s) may be used include, but are not limited to, promotion and advertising of Midnight Sun Basketball, ASRC, its businesses, and its programs.
- B) The right to use my name in connection with the use of the Collective Recording(s) in any medium, including print media, radio, television, film, video, audiotape, DVD, CD or the Internet.

I further release, discharge, and agree to hold harmless Midnight Sun Basketball LLC, including its subsidiaries, employees, officers, agents, assigns, and all persons acting under its permission or authority, from any claims and demands arising out of, or in connection with, any use of the Collective Recording(s).

I further certify that the information contained in the Registration Form and this Release and Consent is correct to the best of my knowledge.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Student Allergies: _____

Is your child on any medication? No Yes If so, please specify:_____