



Houston Baptist University Women's Basketball Elite Camp Registration

HBU Women's Basketball Elite Camp is open to any and all girls entering the 8th through 12th grade

PERSONAL INFORMATION (please print clearly)

Name _____

Year of graduation _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Phone Number _____

Age _____

Grade Next Fall _____

T-Shirt Size (Circle 1) Adult Small / Adult Medium / Adult Large / Adult XL

Position (Circle All that apply) PG / Wing / Post _____

High School _____

Height _____

Emergency Contact _____

Relation to Participant _____

Emergency Contact phone # _____

Emergency Contact Alternate Phone # _____

Participant E-Mail _____

Alternate E-Mail _____

INSURANCE INFORMATION

Insurance Company _____

Insurance Company Phone # _____

Group / Policy # _____

Policy Holder Name _____

Medical Conditions / Special Instructions _____

Dietary Restrictions _____

QUESTIONS OR COMMENTS:

Please Make Check Out To Donna Finnie Basketball for \$120, enclose and return to:

HBU Women's Basketball Office C/O Camp Director Lauren Tippet

7502 Fondren Road, Houston, Texas 77074

HBU Women's Basketball Camp
Liability Waiver and Health Information Form

Camper Name _____ Date of Birth _____

Medical Release and Waiver Statements

I the undersigned, authorize my daughter to participate fully in the HBU Women's Basketball Camp at Houston Baptist University including all related camp activities. It is my understanding that participation in camp activities is not without an inherent risk of injury. I hereby release and hold harmless Houston Baptist University and Donna Finnie, including without limitation, their officers, directors, trustees, employees, agents, students, and affiliates for, from and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while enrolled in this camp at HBU. Furthermore, I will be solely responsible for any and all medical cost of medical attention and treatment. I understand that I am required to maintain and carry accident insurance coverage for the child listed on this application, and verify that the coverage information I have provided is true and accurate. Lastly, I acknowledge and agree that the camp retains the right to use photographs of campers during camp for publicity and advertising purposes.

Parent/Guardian Signature _____ Date _____

Insurance Information

Insurance Co. _____ Phone _____
Policy Holder's Name _____
Policy Number _____ Group Number _____

Medical Information

Any known Allergies, Illnesses, Injuries, or Disabilities: _____

Necessary Medications (if any): _____

Emergency Information

Emergency Contact Name #1 _____
Relationship _____ Home Phone _____
Work Phone _____ Cell Number _____
Emergency Contact Name #2 _____
Relationship _____ Home Phone _____
Work Phone _____ Cell Number _____

*** All Campers MUST submit this Liability Waiver and Health Information form with parent signature on or before the first day of camp to participate. No Exceptions.**