

2009 Rec Sports Spring Break Youth Sport Camp Registration

Please Print



Name: _____ Boy: _____ Girl: _____

Age: _____ Date of Birth: _____

*The age should be the age of the child on the first day of their camp session.

Address:

Line 1: _____

Line 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Emergency Contact Name & Daytime Phone Number: _____

If I could be grouped with one friend of my own age or grade, that friend would be: _____

**** HEALTH INFORMATION ****

List any illness or medical conditions: _____

Does your child require special medication or care while at camp? _____

Does your child have any allergies? _____

List any other relative medical information? _____

I, _____, hereby grant to Texas Tech University Recreational Sports permission to authorize emergency medical treatment and guidance for _____ without liability on the part of the University for such treatment.

Signature of Parent or Legal Guardian

Date

Waiver

As a volunteer participant of Texas Tech University, Spring Break Sports Camp, my child has the opportunity to participate in Spring Break Sports Camp, located in the Student Recreation Center from _____ through _____ my child is not required to participate in this program and do hereby affirm that my child's participation is voluntary. I, the undersigned, being of legal guardian /parental care, am aware that the Spring Break Sports Camp sponsored by the Department of Recreational Sports of Texas Tech University involves risk of bodily injury, death, property damage and other dangers associated with participation in such activity. In consideration of the above, I the undersigned, do hereby release, indemnify and agree to hold harmless Texas Tech University, its Board of Regents, the Department of Recreational Sports, its officers, agents and employees, from any and all liability associated with injuries, damages, or death arising or resulting from any act or omission, negligent or otherwise, of Texas Tech University, its officers, agents and employees, or any other person or other participants in said activity or while in transit. The terms hereof shall also serve as a release and assumption of risk for my heirs, executor and administrator, and for all members of my family. I further agree to indemnify, release and hold harmless Texas Tech University, its Boards of Regents, its agents and employees from and against any and all liability for death, personal injury or damage to my child and any and all property. This release and assumption of risk is contractual and not a mere recital. I further state I have carefully read the foregoing release and assumption of risk and know and understand the contents thereof, and I sign the same as my own free act.

READ CAREFULLY BEFORE SIGNING

Parent or Guardian Signature

Date

** Registration accepted on a first come, first served basis beginning **

Please register each child on a separate form. Enrollment is limited. For more information call (806) 742-3351

Camp details and more registration forms at www.recsports.ttu.edu

Detach and return form along with \$40 check payable to:

Texas Tech Recreational Sports
Summer Sports Camp
P.O. Box 42151
Lubbock, TX 79409-2151

Register in person:

Student Recreation Center, Room 202 Monday
- Friday, 8:00am-5:00pm

Date Received: _____