

## 2011 Rec Sports Youth Sports 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: \_\_\_\_\_



YOUTH SPORTS CAMP

### \*\*\*\* 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 the Texas Tech University Youth Sports Camp, my child has the opportunity to participate in the Youth Sports Camp, located in the Student Recreation Center from March 14 - 18, 2011. My child is not required to participate in this program and I do hereby affirm that my child's participation is voluntary. I, the undersigned, being of legal guardian /parental care, am aware that the Youth 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 \*\***

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](http://www.recsports.ttu.edu)**

Detach and return form along with \$50 check payable to:

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

Register in person:

Student Recreation Center, Room 202  
Monday - Friday, 8:00am-5:00pm, Wednesdays until 6:00pm

Date Received: \_\_\_\_\_