

# REGISTRATION FORM

**Release Form at right MUST be signed before registration is complete**

## 2010 BASKETBALL CAMP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_

SOCIAL SEC.# **OR** BIRTHDATE \_\_\_\_\_  
*(All of the above information is required in order to maintain permanent records of all continuing education courses at RCTC)*

AGE \_\_\_\_\_ GRADE NEXT FALL \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_

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

**✓ Check Which Camp You Wish to Attend**

_____ June 21 – 24	BOYS 7 <sup>th</sup> , 8 <sup>th</sup> & 9 <sup>th</sup> @
_____ June 28 – July 1	BOYS 4 <sup>th</sup> , 5 <sup>th</sup> & 6 <sup>th</sup> #
_____ June 21 – 24	GIRLS 7 <sup>th</sup> , 8 <sup>th</sup> & 9 <sup>th</sup> ^
_____ June 28 – July 1	GIRLS 4 <sup>th</sup> , 5 <sup>th</sup> & 6 <sup>th</sup> *

@ 1pm – 4:30pm M, T, W, Th  
# 8am – 11:30am M, T, W, Th  
^ 8am – 11:30am M, T, W, Th  
\* 1pm – 4:30pm M, T, W, Th

**Make checks for \$95 payable to:**

Rochester Community and Technical College

**Return complete form, along with fee payment to:**

Rochester Community and Technical College  
ATTN: Basketball Camp – Box 50  
851 SE 30<sup>th</sup> Avenue  
Rochester, MN 55904

*RCTC Reserves the right to cancel camps*

**Dale Amy's RCTC  
Summer Basketball Camp  
2010**

### WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

**To be signed by parent/guardian of student participating in the event identified below.**

I am aware of the dangers and risk to my child's person and property involved in participating in **the Rochester Community & Technical College Summer Youth Programs** under the auspices of the State of Minnesota.

On behalf of my child, my child's personal representatives, heirs, next of kin, successors and assigns, I hereby:

- waive, release, and discharge the State of Minnesota, the Minnesota State Colleges and Universities, Rochester Community and Technical College and their officers and employees from any and all liability for my child's death, disability, personal injury, property damage, property theft or claims of any nature which may hereafter accrue to my child and/or my child's estate as a direct or indirect result of my child's participation in the activity or event: and
- agree to indemnify, save and hold harmless the State of Minnesota, the Minnesota State Colleges and Universities, Rochester Community and Technical College and their officers and employees from and against any and all claims of any nature including, but not limited to, all costs, expenses and fees directly or indirectly arising out of or resulting from my child's actions during this activity or event.

- I hereby consent for my child to receive medical treatment that may be deemed advisable in the event of my child's injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned parent/guardian, acknowledge that I have read and understand the above Waiver of Liability, Indemnification and Medical Release, and that I am signing it freely and voluntarily.

PRINT Child's Name: \_\_\_\_\_

PRINT Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_

Event/Camp: \_\_\_\_\_

