

CAMP REGISTRATION/WAIVER

I/We hereby understand and acknowledge that *Mercadel Basketball*, may expose (I/We *-Print Parent or Guardian Name*)______ and (My Child) to many inherent risks, including accidents, injury. I/We *Parent or Guardian* assume all risk of injuries associated with participation to this facility.

I/We acknowledge that my *Son or Daughter* is physically fit and mentally capable of and is choosing to participate in the use of this facility.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation in using and the furnishing services to me, I agree, for myself and anyone entitled to *Mercadel Basketball* act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE *Mercadel Basketball*, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in *Mercadel Basketbal/@the RSM Training Facility Gym*.

By my signature (I/We *Parent or Guardian*) indicate(s) that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant's (*Player*) Name (Please Print):

FIRST NAME:	LAST NAME:	
Parent's Signature:	Date:	
Email Address:		
EMERGENCY CONTACT:	• • • • • • • • • • • • • • • • • • • •	• • •
Phone:		
IMPORTANT MEDICAL INFO FOR CA	APER:	



CREDIT CARD PAYMENT INFORMATION

Name as it appears on Credit Card		
Billing Address of Credit Card		
Credit Card Type: (Circle One) Masercard	Visa American Express Other	
Credit Card Number		
CVC Code on back of Card	Expiration Month/Year	
Email Address	Cell Phone Number	
Authorized Payment Amount to Charge		
Card Holder Signature	Date	
Players Name:		
Team Name and Age Group		

MONTH	DATE RECEIVED	AMOUNT RECEIVED	PAYMENT METHOD
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
July			
August			