

**Skyline College and the Golden State Warriors Sports Medicine Camp
Sports Medicine Camp Application**

Please Print

Participant Last Name: _____ First Name: _____

Street Address: _____ Apt #: _____

City: _____ ZIP: _____

Phone: () _____ - _____ Email: _____

Age of participant: _____ Date of Birth: ____/____/____ T Shirt size (circle): **S M L XL XXL**

Emergency contact: _____ Phone: () _____ - _____

Please enclose a check, money order or cash in the amount of \$100.00 to cover the camp registration fee. Checks or money orders should be made out to Skyline College and mailed to:

Jo Silken, ATC
Skyline College
Sports Medicine Camp
3300 College Drive
San Bruno, CA 94066

WAIVER OF LIABILITY AND RELEASE AND MEDICAL CONSENT

I understand that this sports medicine camp is for high school or community college students and youth sports coaches with an interest in sports medicine and as such I am or my son/daughter or is in good health and suffer/s from no impairments that would limit my/his/her ability to participate in the sports medicine camp. I acknowledge that there may be some strenuous activities such as stretching exercises, strength exercises or injury assessment procedures that could potentially lead to minor or permanent injuries including, but not limited to sprains, strains, broken bones or other significant permanent bodily injuries, disabilities or death. Injuries might occur from the participant's own actions, the negligence of others, other students or the conditions of the equipment. As a parent or guardian of this sports medicine camp participant, we hereby waive, release, discharge and agree to hold harmless Skyline College (San Mateo Community College District) and The Golden State Warriors organizations, their directors, employees, athletic trainers and guest speakers of the event in which the sports medicine camp takes place or any affiliated sponsoring body, the owner of the sports medicine facility, any corporate affiliated organization or associated staff members. I am familiar with the inherent risks of stretching and strengthening exercises and the risks of cuts, skin reactions or allergies from the use of athletic adhesive tape and use of bandage scissors for removal of such tape for athletic injuries. My son/daughter or I will participate in the sports medicine camp using appropriate dress for the activities to include attire appropriate for exercise and for taping and wrapping including rubber soled gym shoes, shorts and a t-shirt (sweat shirt and pants for cold weather). I understand that my son/daughter or I participate in the camp at their own risk and with my permission. As the parent of the above named participant, I hereby give consent for emergency medical care prescribed by a duly licensed physician or doctor of dentistry and carried out by the Certified Athletic Trainers or other emergency medical personnel. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependant. The parent/guardian of the participant will maintain medical insurance for the participant or will cover all cost from any medical expenses incurred by the participant while attending the camp. I understand that any absence or withdrawal from the camp, once the camp begins will result in a zero refund or credit. The Skyline College and Golden State Warriors have the right to use any photos or videos taken during the camp.

Participants over the age of 18 years will sign and date this form in space provided below:

Participant Print Name: _____ Signature: _____ Date _____

A parent or guardian must sign the form below, if the participant is a minor under the age of 18 yrs.

Parent/Guardian Print Name: _____ Signature: _____ Date _____