



**Channing Frye**  
YOUTH BASKETBALL  
LEADERSHIP ACADEMY

**REGISTRATION** *(Please print with Blue or Black Ink and fax back to 602.296.4161)*

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*Participant's Name (Last) (First) Middle Age*

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*Street Address City State Zip Code*

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*Mother/Guardian's Name Father/Guardian's Name*

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*Home Telephone Contact's Email*

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*Mother/Guardian's Daytime Telephone Mother/Guardian's Cell Phone*

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*Father/Guradian's Daytime Telephone Father/Guardian's Cell Phone*

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*Applicant's to be between the ages of 10 - 17 at time of camp*

*Check Adult T-Shirt Size:*  Small  Medium  Large  X Large  XX Large

**EMERGENCY INFORMATION REQUIRED**

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*Physician's Name Physician's Telephone Hospital Preference*

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*Insurance Company Policy Number*

*Please Check if you have No Medical Insurance*

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*Are there any special medical conditions for which the Camp Director should be aware?*

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*Local Emergency Contact Other Than Parent Daytime Phone Number/Cell Phone Number*

*\*This Registration Form **MUST** be accompanied and returned with the Waiver set forth on the back*

# WAIVER

***The Following Waiver MUST be signed by Parent/Guardian of ALL registrants in order to participate in any part of the Academy.***

I understand that the Channing Frye Youth Basketball Leadership Academy (“the Academy”) is a rigorous basketball training camp, and that as the legal parent/guardian I am registering my minor child (“the Participant”) to participate at his/her own risk. I understand that by signing this registration and form, I am registering the participant in the Academy and am signing on behalf of myself, and the participant. By signing this form, I demonstrate an understanding that Participant understands that as a condition to his/her participation in the Academy, the participant shall at all times be required to exercise reasonable care for his/her own safety and the safety of others, and shall abide by and conduct him/herself in a manner consistent with the rules and regulations of the Academy. Accordingly, I agree on behalf of myself and the Participant, as well any related spouse, heirs, assigns related to individuals, and related entities, to hereby indemnify, release, waive absolute, discharge and agree to hold harmless the Academy, and All Saints’ Episcopal Church, including their representatives, volunteers, officers, directors, employees, officials, coaches, promoters, members, agents, affiliates, insurers and attorneys (collective, the “Released Parties”), from and against any and all rights, medical and personal injuries, claims, demands, causes, of action, obligations, suits, liens, damages, or liabilities of any kind and character whatsoever, whether known or unknown, suspected or claimed, which Participant shall or may have in the future against the Released Parties arising out of, based on, related to or connected with Participant’s participation in the Academy and Academy related activities. Participant and I further covenant and agree that in the event Participant is injured during the Academy, Participant consents to treatment of any injury by an athletic trainer or other professional, subject to the provisions of this waiver, Release of Liability, Agreement Not to Sue, Hold Harmless and Indemnification Agreement. Participant and I authorize the Academy, at its discretion, to arrange for transport to a hospital or other medical facility for further medical attention. Participant understands and agrees that the Academy is not responsible for transporting Participant to, a hospital or medical facility that participates in his/her insurance plan/managed care plan. In the event the Participant does not have medical or accident insurance, I understand that Participant and I, and related parties, are hereby responsible for any and all medical expenses arising out of any injury suffered by the Participant and medical treatment received for such injury. Participant and I acknowledge that this Release of Liability, Agreement Not to Sue, Hold Harmless, and Indemnification Agreement is executed in exchange for the opportunity to participate the Academy an the Academy related activities.

Participant and I have read this Waiver, Release of Liability, Agreement Not to Sue, Hold Harmless and Indemnification Agreement in its Entirety; we understand it, voluntarily agree to it, and further understand that Participant has given up substantial rights by signing it and/or the person signing this document has the full authority and capacity as a legal parent/guardian to do so.

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Date

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Print Participant’s Name

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PARENT/LEGAL GUARDIAN (Print Name)

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PARENT LEGAL GUARDIAN SIGNATURE