



DLANGTRAINING BASKETBALL PROGRAM POLICIES

1. No FULL refunds will be given.
2. Respect the rules during length of stay.
3. Focus on skill and character development not competition.
4. Expects all participants to abide by the code of conduct outlined at the beginning of camp.

Failure to abide may result in dismissal from program.

I have read and understand the Basketball Program policy agreement.

Signature:

Date:

EMERGENCY CONTACT If parent/guardian cannot be reached

Name:

Phone Number:

Relationship:

List Participant's Medical Conditions: (Allergies, Illnesses, Health problems/limitations:

CONSENT FOR EMERGENCY TREATMENT In the event I cannot be contacted in a medical emergency involving my child, I authorized Dlangtraining to consent to all emergency medical care proceedings to be rendered by a duly licensed health care provider or physician including, ordering X-rays, performing tests, administration of drugs or medicines or surgical care to the child. I also authorized the release any medical records necessary for treatment or insurance purposes and to provide or arrange transportation services for my child necessary to provide the emergence treatment. This care may be given under whatever conditions are necessary to preserve the health and safety of the child.

Signature of the parent:

Select one:

Father

Guardian

Mother

Adult Participant

PICTURE/LIKENESS/VIDEO RELEASE I give the Dlangtraining permission to take and use pictures and/or video and conduct interviews of our child to be used for the purpose of promotion and publicity of the Dlangtraining events.

Signature:

We (or I) hereby request that you accept the application of our (or my) child:

In this application and in consideration of our acceptance of this application, you, as the parents or guardians of your child release College Arnold-Reymond, Dlangelietcamp, Dlangtraining, and all the employees and staff from all claims on account of any injury which may be sustained by your child while attending the DlangEliteCamp. You further agree hold International School of Lausanne, Dlangelitecamp, Dlangtraining and all their employees and staff harmless from any or all claims made against us on the account of your child's participation in the DlangEliteCamp. You also give us your permission to act in our best judgement in treating any injury that your child may sustain during the clinics.

Date:

Parent/Guardian Signature:

Phone Number:

Parent/Guardian Printed Name:

Medical Insurance Carrier:

Policy Number:

Name of the Policy Holder:

Effective Date:

****Please send a copy of your childs Insurance with this form before or bring with your child on the date the camp starts.***