

# BURTON SPORTS CAMP

## Application

Player Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Parent EMAIL \_\_\_\_\_

Player Birthdate \_\_\_\_\_ Current Grade Level \_\_\_\_\_ Do you attend Burton? Yes/No  
Shirt Size: Adult/Youth \_\_\_\_\_

Make check payable to **Burton Academy, put 'Summer Camps' in the notes line of the check.**

Checks or cash with the applications can be turned into the school office.

\$70 per kid if turned in by May 1

\$80 per kid if registered after May 1

### **Release from Responsibility, Assumption of Risk and Waiver...**

Read this document before signing. Its effect is to release Burton Academy from any liability resulting in participation in the Burton Sports Camps and waives all claims for damages or losses against Burton Academy.

In consideration of my being permitted by Burton Academy to participate in the Burton Sports Camps, I (print name) \_\_\_\_\_ - \_\_\_\_\_, exercising my own free choice to participate voluntarily in the above-named activities, and promising to take due care during such participation, hereby release and discharge, indemnify, and hold harmless Burton Academy, and its members, employees, and any other person or entity acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm to person or property or both, arising from my participation in and/or presence at the above listed activities.

I acknowledge that I have been informed of hazards and risks which may be associated with my participation in the above named activities: I understand, accept, and assume those hazards and risks, and waive claim against Burton Academy, and other persons as set forth above. **I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participating in normal or unusual acts associated with the above-named activities.**

Player or Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I (print name), \_\_\_\_\_, am the parent or legal guardian of the participant who is listed above. I have read and understand the provisions of this document. I consent to his participation in the activities described above, and I fully enter into and agree to the above Release From Responsibility, Assumption of Risk and Waiver.

I further request and authorize the proper personnel of Burton Academy to refer this participant to an appropriate facility, for treatment of illness, injury, or both: and further authorize the physician(s) selected by the league personnel to treat said injury or illness as they think best for the most advantageous welfare of the patient if that should be a circumstance.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Insurance Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_