

**HoopEd Camp Dedos Information and Permission Form 2017**

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Session Child is Attending (check all that apply)

- Week 1 (July 3-7)
- Week 2 (July 10-14)
- Week 3 (July 17-21)
- Week 4 (July 24-28)

**Pick Up Authorization:**

Please list people that are authorized to pick up your child and their phone number:

Name

Phone#

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Please note if there are any custody concerns we should be aware of:

**I hereby give my permission for the *HoopEd Camp Dedos* staff to apply sunscreen and or insect repellent as needed. \_\_\_\_\_ (Please Initial)**

**Waiver / Release Form**

I, the parent / guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of HoopEd Camp Dedos, and it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with HoopEd Camps, clinics, and classes, and in consideration for HoopEd accepting the registrant for any of its camps clinics or classes, I hereby release, discharge and/or otherwise indemnify HoopEd LLC, all Board members, coaches, its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs. I agree to allow the use of all camper photos, videos, and likeness on the HoopEd website, promotional materials including fliers, brochures, slide shows, and any other camp materials, and all HoopEd social media outlets. I hereby waive the right to inspect or approve the finished photograph, advertising copy, printed matter, or social media site that may be used for said registrant.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date