



# Gonzaga Preparatory Sports Summer Camp 2018 Gift Certificate Registration Form

Name of Participant \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone of Parent Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Current School \_\_\_\_\_ Grade in 2018 Fall \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Sport(s) \_\_\_\_\_ Date (s) of Camp \_\_\_\_\_

T-Shirt Size (circle one) Youth: Small Medium Large X-Large

Adult: Small Medium Large X-Large XX-Large

Parents, please read and sign **MEDICAL CONSENT AND RELEASE OF LIABILITY**: I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activities and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical, and or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks, I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby discharge Gonzaga Preparatory School from any and all liability resulting in injury associated with participant's participation in this activity. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance set forth in this release. Gonzaga Prep will not provide health and/or accident insurance for program participants. As the undersigned parent/guardian, I understand that no confirmations will be mailed.

As a Parent, and as an Athlete, it is important to recognize the signs, symptoms, and behaviors of **CONCUSSIONS AND SUDDEN CARDIAC ARREST**. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms and behaviors of a concussion, head injury, and of sudden cardiac arrest and certify that you have read, and understand, and agree to abide by all of the information contained in this sheet. You further certify that if you have not understood any information contained in this document, you have sought and received an explanation of the information prior to signing this statement.

I understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date