

COASTAL CAROLINA UNIVERSITY

Parental Consent, Assumption of Risk and Release from Liability Form

The purpose of this form is to enable our staff and/or health facilities in the area to provide prompt care to your minor child(ren). We must have a completed Parental Consent Form on file. This way, we can help your child without delay in the event of an emergency.

Name of minor: _____

Camp attending: _____

Birthday: _____ Social Security #: _____

Insurance Company's Name: _____

Medical/Hospitalization Insurance Policy #: _____

Phone number of office holding policy: _____

Medical information

Allergic reactions: _____

Medication(s) presently taking: _____

Date of last tetanus shot: _____

Past illness or other information that would be useful in the event treatment is necessary:

Emergency Phone Numbers

Father (H) _____ (W) _____ (C) _____

Mother (H) _____ (W) _____ (C) _____

Other contact in event parents can not be reached:

Name: _____ Relationship: _____

(Home): _____ (Cell): _____

I voluntarily agree to allow my minor child(ren) to participate in this activity and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or part, by the negligence of Coastal Carolina University with the exception of willful or gross negligence.

In consideration of allowing my minor child(ren) to participate in this activity, as well as the use of any of its facilities and the use of the equipment, I hereby agree as follows:

(1) TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct, that I may have in the future against any of the following named persons or entities and their officers, directors, employees, representatives, agents and volunteers.

(2) To release Coastal Carolina University, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claim of action that I, my estate, heirs, executor or assigns may have for any personal injury, property damage or wrongful death arising from this activity whether caused by active or passive negligence of Coastal Carolina University or otherwise with the exception of gross negligence. By executing this document, I agree to hold Coastal Carolina University harmless for any injury including, but not limited to, paralysis or permanent disability, or loss of life which may occur to my minor child(ren) during this activity and/or instruction.

(3) By entering into this agreement, I am not relying on any oral or written representation or statements made by Coastal Carolina University, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of South Carolina, United States of America.

(4) If any provision of this release is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable provision had never been contained in this document.

I hereby authorize the director, assistants, or other persons responsible for my minor child(ren)'s care to act on my behalf, according to their best judgement, for said minor in any emergency requiring medical attention and I hereby waive and release the camp/program, the instructors and Coastal Carolina University of a liability for any illness or injuries incurred while at, or in transit to and from the . . .

Signature of Parent or Guardian _____ Date _____

Print Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

Print Name of Parent or Guardian _____



CLIFFELLIS BASKETBALL CAMPS



2017 INDIVIDUAL CAMP

JUNE 19-23, 2017
 COASTAL CAROLINA UNIVERSITY
 HTC CENTER

CLIFF ELLIS BASKETBALL CAMPS 2017 INDIVIDUAL CAMP INFORMA-

CAMP OBJECTIVE

The Individual Camp will focus on skill development and game execution.

CAMP SPECIFICS

The Coastal Carolina basketball staff and players will provide the instruction and supervision. Each camper will receive a camp T-Shirt.

PRICING

Campers-\$150(Hicks Dinning Hall will offer \$7.50 lunch each day)

CAMP SCHEDULE

Below is a tentative team camp schedule

| | |
|-------------------|------------------------------|
| June 19 | |
| 8:30 - 9:00 a.m. | Registration |
| 9:00 - 3:00 p.m. | Instructional Drills & Games |
| June 20-22 | |
| 9:00 - 3:00 p.m. | Instructional Drills & Games |
| June 23 | |
| 9:00 - 11:30 p.m. | Instructional Drills & Games |
| 11:30 - Noon | Awards |

Registration Form and Release to:
Coastal Carolina Men's Basketball
ATTN: Matt Hurt or Isaac Brown
104 Founders Drive
Conway, S.C. 29526

Make checks payable to Cliff Ellis Sports Enterprises

CAMP CONTACTS

Matt Hurt 843-349-2595 jmhurt@coastal.edu
Isaac Brown 843-349-2812 ibrown@coastal.edu



CLIFF ELLIS

- More than 790 career wins
- Has coached more than 50 professional players, including 20 NBA players
- 1999 AP National Coach of the Year
- Only coach to win 150-plus games at four different institutions
- Named Coach of the Year in the Big South, ACC, SEC and Sun Belt
- Has led Coastal Carolina to five championships and six postseason tournaments

CLIFF ELLIS BASKETBALL CAMPS
INDIVIDUAL CAMP
IS OPEN TO PLAYERS AGE 6-15

CLIFF ELLIS BASKETBALL CAMPS 2017 INDIVIDUAL CAMP

CAMPER NAME: _____

CAMPER ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE NUMBER: _____

PARENT/GUARDIAN PHONE NUMBER: _____

AGE: _____

GRADE (FALL 2017): _____

SCHOOL: _____

SHIRT SIZE: _____

