



# 2010 BEN BRAUN TEAM CAMP ROSTER

**TEAM NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

<b><u>Name:</u></b>	<b><u>Shirt Size / Grad Year</u></b>	<b><u>Waiver Signed:</u></b>
1. _____	_____ / _____	<b><u>YES / NO</u></b>
2. _____	_____ / _____	<b><u>YES / NO</u></b>
3. _____	_____ / _____	<b><u>YES / NO</u></b>
4. _____	_____ / _____	<b><u>YES / NO</u></b>
5. _____	_____ / _____	<b><u>YES / NO</u></b>
6. _____	_____ / _____	<b><u>YES / NO</u></b>
7. _____	_____ / _____	<b><u>YES / NO</u></b>
8. _____	_____ / _____	<b><u>YES / NO</u></b>
9. _____	_____ / _____	<b><u>YES / NO</u></b>
10. _____	_____ / _____	<b><u>YES / NO</u></b>
11. _____	_____ / _____	<b><u>YES / NO</u></b>
12. _____	_____ / _____	<b><u>YES / NO</u></b>
13. _____	_____ / _____	<b><u>YES / NO</u></b>
14. _____	_____ / _____	<b><u>YES / NO</u></b>
15. _____	_____ / _____	<b><u>YES / NO</u></b>

- *ADDITIONAL PLAYERS MAY PARTICIPATE, NOTE ONLY 15 JERSEYS PROVIDED.*
- *WAIVER FORM MUST BE SIGNED BY PARENT FOR EACH SEPERATE PLAYER.*
- *MAKE ADDITIONAL COPIES AS NECESSARY.*

<b><u>TEAM CAMP CHECKLIST:</u></b>	<b><u>YES / NO</u></b>	<b><u>DEADLINE:</u></b>
1. TEAM PLACE RESERVED (W/ \$100 DEPOSIT):	YES / NO	MAY 15TH
2. REGISTRATION FORM COMPLETED:	YES / NO	MAY 15TH
3. HOTEL ROOMS RESERVED (IF NEEDED):	YES / NO	MAY 15TH
4. COMPLETED ROSTER SUBMITTED:	YES / NO	MAY 31ST
5. PARENT/GUARDIAN WAIVER SIGNED:	YES / NO	MAY 31ST
6. BALANCE PAID IN FULL:	YES/ NO	MAY 31ST
7. COACH REQEUST MADE AND PAID IN FULL:	YES / NO	MAY 31ST



# 2010 BEN BRAUN TEAM CAMP WAIVER

**CAMPER NAME:** \_\_\_\_\_

**TEAM ATTENDING WITH:** \_\_\_\_\_

**AFFILIATED HIGH SCHOOL:** \_\_\_\_\_

**WAIVER, LIABILITY AND RELEASE STATEMENT:**

BY SIGNING THIS WAIVER STATEMENT FOR THE 2010 BEN BRAUN BASKETBALL CAMPS, I HEREBY RELIEVE, RELEASE, WAIVE, AND HOLD UN-LIABLE, BEN BRAUN BASKETBALL CAMPS LLC, RICE UNIVERSITY, IT'S ATHLETIC DEPARTMENT, THEIR OFFICERS, OWNERS, SERVANTS, AGENTS, OR EMPLOYEES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, AND RESPONSIBILITY ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY MY CHILD, WHETHER CAUSED AS THE DIRECT OR INDIRECT RESULT FROM PARTICIPATION IN THIS CAMP, OR OTHERWISE WHILE PARTICIPATING IN SUCH ACTIVITY, OR IN, ON, NEAR OR UPON THE PREMISES WHERE THE ACTIVITY IS TAKING PLACE.

AS WITH ANY PHYSICAL ACTIVITY, INJURIES ARE POSSIBLE AND SHOULD BE CONSIDERED A RISK OF PARTICIPATION. SUCH RESPONSIBILITY FOR ANY MEDICAL COSTS ASSOCIATED WITH PARTICIPATION IS 100% THE RESPONSIBILITY OF THE PARENT OR GUARDIAN. IT IS UNDERSTOOD THAT MEDICAL INSURANCE COVERAGE AND ASSOCIATED MEDICAL COSTS FOR ANY AND ALL INJURIES, INCURRED WHILE PARTICIPATING, IS NOT AND WILL NOT BE COVERED BY THE 2010 BEN BRAUN BASKETBALL CAMPS LLC, OR BY ANY AGENT MENTIONED ABOVE.

PROOF OF MEDICAL INSURANCE COVERAGE IS REQUIRED. SHOULD YOU CHOOSE, SHORT TERM COVERAGE WILL BE AVAILABLE FOR PURCHASE THROUGH RICE UNIVERSITY'S SELECTED VENDOR.

FURTHERMORE, BY SIGNING THIS FORM, I ALSO AUTHORIZE ANY PRUDENT AND IMMEDIATE EMERGENCY MEDICAL CARE, INCLUDING TRANSPORTATION, TO BE PROVIDED TO THIS CHILD IN MY ABSENCE. THE RICE HEALTH CENTER AND/OR THE NEAREST MEDICAL FACILITY IS/ARE HEREBY AUTHORIZED TO RENDER PRIMARY MEDICAL CARE TO MY CHILD.

ADDITIONALLY I GRANT CERTIFIED MEDICAL STAFF MEMBERS THE ABILITY TO DISTRIBUTE ANY "OVER THE COUNTER MEDICATIONS" AS NECESSARY.

I HAVE READ AND AGREE TO THIS WAIVER, LIABILITY, AND MEDICAL RELEASE STATEMENT.

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:**    /    /

**SECOND CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SECOND CONTACT RELATIONSHIP:** \_\_\_\_\_

**HEALTH INSURANCE COMPANY:** \_\_\_\_\_ **POLICY NUMBER:** \_\_\_\_\_

**MEDICAL CONDITIONS:** \_\_\_\_\_