

Tampa Girl's Basketball Camps

2025 Individual Camp Registration Form

Name: _____ Age: _____ Grade as of 8/25 _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone# _____ Emergency Phone# _____

Allergies: _____

T-Shirt size: (circle one) XL L M S (T-shirts are adult sizes) School: _____

How did you hear about us? (circle one): Email Website Mail Friend Social Network Event

Please indicate your camp date(s)

_____ Session: All-Skills Camp #1 June 2-6 _____ \$275 Registration (Day Camp Only)
After-Camp Care (4-5:30pm M-TH) _____ \$80

_____ Session: Team Camp June 6-8 _____ See Team Camp registration form for payment info

_____ Session: Elite Camp #1 June 20-22 _____ \$250 Registration (Day Camp Only- Local hotels available)

_____ Session: All-Skills Camp #2 July 21-25 _____ \$275 Registration (Day Camp Only)
After-Camp Care (4-5:30pm M-TH) _____ \$80

_____ Session: Elite Camp #2 July 25-27 _____ \$250 Registration (Day Camp Only- Local hotels available)

There is a \$100 registration deposit required per camper, per camp. Registration deposits are *non-refundable* and *non-transferable*.
Registration deposits may be made with a check or money order and should be made out to TJ Hoops Inc.

Total due (add amounts for each camp selected) _____ Total Deposit _____ Check # _____

Consent to enroll form

In consideration of being allowed to participate in any way in the Tampa Girl's Basketball Camps, related events and activities, the undersigned acknowledge, appreciates, and agrees that:

1. For myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless TJ Hoops Inc., The University of Tampa, and any of the officers, servants, agents or employees and if applicable, owners and leasers of premises used to conduct this camp (releases) with respect to any and all personal injury and bodily injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise that may be sustained by my child/legal ward, while in, on or upon the premises where the camp activities are being conducted, and,
2. I, as parent/guardian with legal responsibility for this camp participant, do consent and agree to release as listed above all the releases for myself, my heirs, assigns, and next of kin, and agree to indemnify the releasees from any and all liabilities incidental to my minor child's involvement or participation in these programs.
3. I further agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my child's participation in camp activities whether caused by negligence or releasees, or otherwise.
4. I/we, the undersigned, hereby certify that I/we, am/are the parent or legal guardian of the camper named below. I/we hereby give permission for the staff of this camp to administer during the period of the camp, appropriate medical attention to my child provided to the camper which are not paid by the camp's excess policy after all other available personal insurance has paid or declined payment.
5. Notice of filming and photography- By entering the camp premises, you consent to photography, audio recording, video recording to be used in publication, exhibition, news, promotional purposes, advertising, inclusion on websites, social media and any other purpose by TJHOOPS and its affiliates.
6. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending TJ Hoops Inc camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, TJ Hoops Inc camp employees, volunteers, and program participants and their families.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I have no knowledge of any physical condition that would prohibit my child from participating in the Tampa Girl's Basketball Camps

Camper's Name

Parent/Guardian's Signature

Date Signed

Insurance Carrier

Policy #

Mail to: TJ Hoops Inc., 1213 Rushgrove Circle Dover, FL 33527

**RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT
(ADULT ON BEHALF OF MINOR)
The University of Tampa**

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE UNIVERSITY OF TAMPA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE UNIVERSITY OF TAMPA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE UNIVERSITY OF TAMPA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, _____ for myself, my heirs and personal representatives, hereby assume all liabilities, risks, injuries and hazards to my child/children, _____, incidental to, or as a result of, participation in _____ (*list activities in which minor is to participate*), including transportation TO AND FROM the said activity. I freely acknowledge the fact that this/these program(s) may have, and/or do involve, physical contact or other conditions or factual circumstances where physical or other injuries, including but not limited to concussion, may occur, and that transportation to and from said event could involve the potential for an automobile, or other, accident. As legal guardian and/or natural parent of the above referenced child/children, I do hereby waive, release and agree to indemnify and hold harmless the University of Tampa, their officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or an injury, including losses or injuries arising from the negligence of the University of Tampa, their agents or employees and sponsors or activity supervisors, arising from my child/children's participation in the said activity. I, as legal guardian and/or natural parent of the above referenced child/children, assume all risk of injury, liability, and loss arising from my child/children's participation or presence at said activity. I acknowledge that the University of Tampa, will not assume any costs

relating to any injury while my child/children are involved in this activity, or from transportation to or from this activity.

This Waiver, Release and Hold Harmless/Indemnification Agreement is in consideration of the University of Tampa permitting my child/children's participation in the activity or program at issue and in further consideration of the University of Tampa not requiring self-funded liability insurance coverage on my part as a condition precedent to my child/children's participation in the activity. I, as legal guardian and/or natural parent of the aforesaid child/children, freely and voluntarily assume all risk of loss or injury arising from my child/children's participation in the activity whether due to my negligence, my child/children's negligence, or the negligence or intentional acts of others. I acknowledge that, absent this Release and indemnification, the University of Tampa, or other sponsors of the activity would not have offered me, or my child/children, the access to the activity because of unacceptable exposure to civil liability claims and/or lawsuits, or the expense of providing a program that is risk-free. By signing this waiver, I agree to indemnify any and all employees of the University of Tampa for any and all damages which result from any and all acts or omissions, including negligence, in whole or in part, on the part of any University of Tampa employee.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I, or my child/children, might otherwise be entitled if my child/children are hurt or suffer loss during his/her/their participation in that activity.

**YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT.
YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS.
YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU
DO NOT FULLY UNDERSTAND THIS DOCUMENT.**

SIGNED THIS ____ DAY OF _____, 20__.

Parent or Guardian (print)

Parent or Guardian (signature)