

**Shelby County Schools (SCS) Sports and Awareness Program Application**

**Please print and answer all questions**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
Grade entering August 2019 \_\_\_\_\_  
Parent/Guardian Name(M) \_\_\_\_\_ (F) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_  
Emergency Contact  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Contact # \_\_\_\_\_ Contact # \_\_\_\_\_

**Dismissal Procedure**

NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD IF THEIR NAME IS NOT LISTED ON THIS FORM. ALL PERSONS MUST HAVE AND SHOW THEIR PHOTO ID. MAKE SURE YOU LIST ALL ADULTS EVEN IF YOU RESIDE IN THE SAME HOUSEHOLD.

**ENROLLMENT AGREEMENT**

I understand it is my responsibility to bring all special conditions about my child to the attention of the **SCS Sports and Awareness Camp Program** Staff. I give permission to Shelby County Schools to have, use, publish and reproduce photographs, slides and/or video of my child for its records, public relations or marketing.

I grant permission for my child to participate in all **SCS Sports and Awareness Camp Program** organized activities including special activities and events.

I understand, read and accept the program policy concerning registration and the terms enrolling.

I certify that the above named child on this registration is physically and mentally prepared to participate in all **SCS Sports and Awareness Camp Program**.

I understand the Camp Director reserves the right to dismiss a camp participant when the camper's behavior in his/her judgement interferes with the rights of others, violates the camp's principles of conduct or poses a safety threat to other campers or staff.

**I HAVE READ AND FULLY UNDERSTAND THIS ENROLLMENT AGREEMENT**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOLD HARMLESS, RELEASE, AND WAIVER AGREEMENT**

It is my intention and desire for my child \_\_\_\_\_ to participate in the Shelby County Board of Education (hereinafter "SCBE"), Shelby County Schools Sports and Awareness Camps Program (hereinafter "the Program").

1. I understand that my child is not required to participate in the Program.
2. I acknowledge that my child's participation in the Program is completely voluntary.
3. I understand that Program activities may subject my child to injury, and I have explained this to my child.
4. I understand and agree that if my child is injured as a consequence or result of his/her participation in the Program I will be responsible for all expenses associated with the injury, including but not limited to medical expenses.
5. In spite of the risks that are inherent in performing these activities which are the focus of the Program, I AGREE TO ASSUME THE FULL RISK OF ANY INJURIES (INCLUDING BUT NOT LIMITED TO THE RISK OF DEATH), DAMAGES OR LOSSES OF ANY KIND WHICH MY CHILD MAY SUSTAIN AS A RESULT OF PARTICIPATION IN THE PROGRAM.
6. On behalf of myself, my heirs, my children, executors, administrators, spouse, agents, and assigns, I do hereby release and discharge SCBE, its agents, employees, assigns, and/or elected officials from any and all liability, claims, and causes of action resulting from any injuries, illnesses, damages, or losses which I may incur as a result of my child's participation in the Program.
7. On behalf of myself, my heirs, children, executors, administrators, spouse, agents, and assigns, I do hereby covenant not to sue SCBE, its agents, employees, assigns and/or elected officials for any alleged liabilities, claims, or causes of action related to any injuries or illnesses my child may incur as a result of his/her participation in the Program.
8. I agree to indemnify and hold harmless and defend SCBE, its agents, employees, assigns and/or elected officials, from any and all claims resulting from any injuries (including but not limited to death) or illnesses, damages and/or losses my child might incur as a result of his/her participation in the Program.
9. In the event that my child may require emergency medical treatment as a result of his/her participation in the Program, I authorize SCBE, its agents, employees, assigns and/or elected officials to secure from any licenses hospital, emergency treatment facility and/or medical personnel, treatment deemed necessary for his/her immediate care. I further agree to be responsible for the payment of all such medical services and treatment.
10. I certify there are no medical conditions from which my child may suffer that would present a risk to him/her or others by his/her participation in the Program.
11. My child agrees to follow all rules established by the Program. My child agrees to follow all instructions set forth by instructors of the Program.

**I HAVE READ AND FULLY UNDERSTAND THIS HOLD HARMLESS, RELEASE, AND WAIVER AGREEMENT.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_