

GRIC Summer Youth Camp Registration Form

2019 Camper Information:

Camp: _____

Full Name: _____ Age: _____

GRIC Tribal # _____ District: _____ D.O.B.: _____ Male/Female: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Physical address is required

Parent/Guardian and Emergency Contact:

Parent/Guardian Name: _____

Relationship to Camper: _____

Main Number: _____ Alt. Number: _____

Email (Required for camp confirmation): _____

Additional Emergency Contact if Parent/Guardian cannot be reached:

Name: _____ Number: _____

Relationship to Camper _____

Camper Medical Information:

Please list any allergies, disorders, or medical ailments that may require special maintenance, attention, or medication (ie. Diabetic, asthmatic, A.D.H.D, Autism, etc.) or

Medical Diagnosis: _____

Prescribed Medication: _____ Dosage: _____

Additional Information: _____

Is there anyone that is not able to pick up your child? Y/N If answered yes please provide name of person or persons.

Name: _____ Relationship: _____

I verify that all the above information is accurate. In the event of a serious/or life threatening illness or injury occurring to my child, I hereby give my consent for medical or dental care deemed necessary by attending physician or dentist.

Parent/Guardian Signature

Date



Gila River Indian Community

Office of the Treasurer
Finance Department
Post Office Box # 2160
Sacaton, Arizona 85247-2160
(520) 562-2500
(520) 562-1070 (fax)

The person signing below hereby:

1. Acknowledges that the Gila River Indian Community (the "Community") is a federally recognized Indian tribe and that the seven (7) Districts (the "Districts") within the Community are tribal governmental bodies of the Community;
2. Acknowledges that the Community the Districts are protected by the doctrine of tribal sovereign immunity, are not subject to suit by the undersigned, and that the Community and Districts have not waived their immunity from suit with respect to any claims, demands, or causes of action asserted by the undersigned;
3. Acknowledges that the person participating in the trip (the "trip") described below either is not employed by the Community or any of the Districts or is participating in the trip for reasons unrelated to such employment;
4. In consideration and acceptance of the planned trip to and from designated camp location and Sacaton, AZ and all places in between the trip, the undersigned hereby releases, waives, and discharges the Community and the Districts, their officers, elected officials, employees, authorized agents, and representatives from any and all responsibility, claims, demands, and causes of action, including those causes of actions arising directly or indirectly from personal injuries or property damage sustained or incurred in connection with the trip.
5. The foregoing release, waiver, and discharge shall be effective and enforceable: (a) notwithstanding the fact that the Community or the Districts may pay all or part of the undersigned travel expenses or reimburse the undersigned for all or part of such expenses and; (b) notwithstanding any negligent acts or omissions of the part of the Community, the Districts, their officers, elected officials, employees, or authorized agents or representatives.
6. The person signing below acknowledges that he/she has carefully read this Acknowledgment and Release, that he/she understands all of its terms, and the he/she signs below voluntarily on his/her own behalf or on behalf of his/her minor child or ward for whom he/she signs as lawful guardian.

Dated: _____

Signature

If applicable, print name of your child or
Ward participating in the trip.

Name of child or ward

Dated: _____

Witness

TEMPE BASEBALL ACADEMY AMATEUR ATHLETIC MINOR WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participant in any way in the TEMPE Baseball Academy athletic/sports program, and related events and activities, the undersigned:

1. Agrees that the parent(s), and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition and refuse to participate.
2. ACKNOWLEDGES AND FULLY UNDERSTANDS that each participant will be engaging in ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonable foreseeable at this time.
3. ASSUMES ALL THE FOREGOING RISK AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES following such injury, permanent disability or death.
4. RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Tempe Baseball Academy, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PARTY BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. PLEASE MAKE RECORD THAT IN CASE OF OUR UNAVAILABILITY, WE ASK THAT YOU CARE FOR OUR MINOR CHILD SHOULD THE MEDICAL NEED ARISE. YOU ARE AUTHORIZED TO PERFORM OR ARRANGE FOR WHATEVER TREATMENT NECESSARY IN OUR ABSENCE. I HEREBY RELEASE, EXONERATE AND DISCHARGE THE CAMP AND ITS EMPLOYEES FROM ANY AND ALL ACTIONS, KNOWN OR UNKNOWN, FOR ANY INJURIES WHILE AT CAMP OR ON THE WAY TO OR FROM CAMP.

Camp Attending: _____

Player Name: (please print clearly): _____

Player Signature: _____

Parent / Guardian Signature: _____

Insurance Company: _____

Policy #: _____

Please bring with you to camp.