

APPLICATION FOR ENROLLMENT

(please print)

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Email _____

Age _____ Grade (Fall 2019) _____

Date of Birth _____

School Attending _____

I would like to room with: _____

(Two campers per room only)

Allergic Reactions _____

Present medications _____

Date of last Tetanus Toxoid _____

Past illness or other information that would be useful in the event of treatment if necessary: _____

Check the appropriate boxes:

DAY CAMP:

June 10-12 - 9:00 am - 5:00 pm \$210⁰⁰

INDIVIDUAL SKILLS CAMPS:

June 16-19
 Overnight \$360⁰⁰ Commuter \$265⁰⁰

July 11-13
 Overnight \$335⁰⁰ Commuter \$260⁰⁰

For Individual Skills Camps, and Day Camp, send Application with \$100 deposit for each camp attending to: **Greg McDermott/ Creighton Basketball Camp, 2500 California Plaza, Omaha, Nebraska 68178** OR you may register online by going to creightonmensbasketballcamps.com Phone #: 402-280-1795.

TEAM CAMP:

June 7-8
 Overnight \$110⁰⁰ Commuter \$70⁰⁰

Coaches: For Team Camp, please send all applications with payment and your camp registration form to: **Greg McDermott/ Creighton Basketball Camp, 2500 California Plaza, Omaha, Nebraska 68178, as soon as possible - space is limited.**

WAIVER AND CONSENT FORM

(please print)

IN CASE OF AN EMERGENCY:

Father _____

Home Phone _____

Work Phone _____

Cell Phone _____

Mother _____

Home Phone _____

Work Phone _____

Cell Phone _____

Insurance Company _____

Policy Holder _____

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ (name of camper). I hereby give permission for the Camp staff to seek during the period of the Camp, appropriate medical attention for my child, for the medical attention to be given to my child, and for my child to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I, the undersigned, understand that Greg McDermott's Men's Basketball is an active, physical sport and that injuries can often occur during participation at Camp. I also understand that there will be more campers than staff at the Camp, and that my child cannot receive individualized attention and individualized supervision at all times. I hereby acknowledge that my child is physically fit and mentally capable of participating in practices, games, and all camp activities.

I, the undersigned, hereby acknowledge and understand that the Greg McDermott Basketball Camp is a privately run sports camp and is not operated by or through Creighton University. The Camp is neither sponsored, controlled, nor supervised by Creighton University; it is operated through G.Mac Hoops, LLC. I waive, release, and forever discharge Greg McDermott, G.Mac Hoops, LLC., and Creighton University and the aforementioned staffs, officers, agents, employees, representatives, successors, and assigns from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in camp activities or while at camp.

I, the undersigned, acknowledge that during my child's participation in camp he may be photographed or video recorded and give permission for these images to be used in promotional materials for the camp, including but not limited to printed and electronic publications, website and official camp or Creighton University Athletic Department social media.

My signature below indicates that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp.

Signature _____

Date _____

This form must be completed in full prior to registration to allow camp participation.