

2011 TEXAS A&M UNIVERSITY-COMMERCE
SPORTS MEDICINE CAMP APPLICATION

Name: _____
Parent/Guardian: _____
Address: _____
City, State, Zip: _____
Email: _____
Phone: _____
Emergency Phone: _____
Date of Birth: _____
School Now Attending: _____

T-Shirt:	S	M	L	XL	XXL
<input type="checkbox"/>	Overnight Camper				\$225
	(Recommended - Includes Housing & Meals)				
<input type="checkbox"/>	Commuter Camper				\$175
	(Meals Only)				

A non-refundable deposit of \$75.00 is required with each application.

Amount Enclosed: _____
 Visa MasterCard Discover
Credit Card Amount: _____
Card Number: _____
Exp. Date: _____ 3 Digit Security Code: _____
Cardholder's Name: _____
Cardholder's Phone: _____
Cardholder's Signature: _____

Please make all checks payable to:
A&M-Commerce Sports Medicine Camp

Please fax or mail completed brochure and medical release to:
Texas A&M University-Commerce
c/o Sports Medicine
P.O. Box 3011
Commerce, TX 75429
Fax: (903) 468-8679

I verify that my child has been examined by a licensed physician and is physically able to participate in the A&M - Commerce Sports Medicine Camp. I agree to allow my child to be treated by a licensed physician while attending, if necessary. I understand that if this applicant is accepted, there is no refund of the deposit fee, if we (parent or child) should cancel this application.

Parent's Signature: _____
Date: _____

TEXAS A&M UNIVERSITY-COMMERCE
SPORTS MEDICINE CAMP
P.O. BOX 3011
COMMERCE, TX 75429-3011



**TEXAS A&M
UNIVERSITY
COMMERCE**

**SPORTS
MEDICINE
CAMP**

**JULY 21-23, 2011
A&M-COMMERCE
FIELD HOUSE**

WWW.LIONATHLETICS.COM

2011 A&M-COMMERCE SPORTS MEDICINE CAMP

STAFF

Dustan Thrift, MS, ATC, LAT
Courtney Hobbs, MS, ATC, LAT
Chris Stanley, MS, ATC, LAT
Forestt Bridges, MS, ATC, LAT
Sarah Mitchell, MS, ATC, LAT

The Sports Medicine Staff will direct the camp. Additional staff will include Team Doctors, Physical Therapists and other Professional Athletic Trainers to maximize instruction and education of techniques and athletic training principles.

REGISTRATION

In order to ensure a place in camp, applications should be received no later than June 1st. Applications received later than July 1st will be assessed a \$20.00 late fee. A non-refundable deposit of \$75.00 is required with each application. Check-in will be from 2-4 pm on July 21st in the Athletic Training room of the Field House.

RULES AND REGULATIONS

All participants enrolled in the A&M - Commerce Sports Medicine Camp are required to comply with the rules and regulations of Texas A&M University - Commerce and the Summer Sports Camp. The regulations will be explained at the first camp session. Violations will result in an immediate dismissal from camp without refund.

For additional information, please contact:

Chris Stanley
A&M-Commerce Sports Medicine Camp
P.O. Box 3011
Commerce, Texas 75429
Chris_Stanley@tamu-commerce.edu
(903) 468-3193

CAMP INFORMATION

DETAILS

High School Age (9-12th Grades)
Must have completed the 8th Grade
Check-in: 2-4 pm on July 21, 2011
Camp ends at 11:00 am on July 23, 2011

\$225 - Overnight Camper
\$175 - Commuter Camper

*Camp and Check in will take place at the A&M-Commerce Field House.

CAMP COST INCLUDES

- * Camp T-Shirt
- * Camp Reference Notebook
- * Athletic Training Supplies
- * Tuition
- * Meals
- * Housing (if overnight camper)

CAMP OBJECTIVES

- * Awareness of Sports Medicine Field
- * Injury Evaluation
- * Taping Techniques
- * Brace Fitting
- * Stretching Techniques
- * Prevention & Recognition of Heat Illness
- * Have fun!



1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of **SPORTS MEDICINE CAMP** (herein referred to as "activity"), which is sponsored by **TEXAS A&M UNIVERSITY-COMMERCE** (herein referred to as "sponsor"), a member of The Texas A&M University System, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, servants, agents, volunteers, or employees (herein referred to as **RELEASEES** or **INDEMNITEES**) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by **RELEASEES**, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. **INDEMNITY CLAUSE**. I am fully aware that there are inherent risks to myself and others involved with this activity, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

3. **NO INSURANCE**. I understand that **RELEASEES** do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. **BINDS HEIRS**. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. **MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER**. I understand **RELEASEES** cannot be expected to control all of the risks articulated in this form and **RELEASEES** may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless **INDEMNITEES** for any costs incurred to treat me, even if an **INDEMNITEE** has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, **RELEASEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. **VOLUNTARY SIGNATURE**. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities**: I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities**: I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

SIGNED this _____ day of _____ 20_____.

Participant Signature: _____

Participant Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____

(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____

(If Participant is under 18 years old)

(903) 468-3193

WWW.LIONATHLETICS.COM

(903) 468-8679 (FAX)