



Rising Stars of America Camper Information

Name: _____

Email: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

School Name: _____

City: _____

Grade (January 2008): _____

Height: _____ Weight: _____

Coach: _____

Coach phone: _____

Coach email: _____

AAU/Club Team: _____

Insurance Carrier: _____

Policy: _____

Group: _____

I, the undersigned, submit that my son/daughter is physically fit and able to participate in strenuous activity and hereby waive Total Package Sports, Rising Stars of America Evaluation Skills Camp and any member or associate of Hardwood Palace and the fore mentioned staff members of all responsibility for illness or injury sustained. I hereby authorize camp directors to act on my behalf in their best judgements in any emergency medical situation. I understand I am solely responsible for payment of any such medical expense and must provide the Total Package Sports/ Rising Stars Camp Director (Brian Gaither) with proof of medical and accident insurance. I also understand that my payment to the camp is non-refundable and if your child does not abide by camp facility rules and regulations is subject to dismissal without refund or recourse.

Parents Signature: _____