



**CONNECTICUT VIOLENCE INTERVENTION PROGRAM
AND
WE ARE THE VILLAGE**

PRESENTS

MILL ROCK SUMMER BASKETBALL SKILLS CAMP

REGISTRATION FORM

Players Name: _____ Home Phone: _____
Address: _____ Date of Birth: _____
Parent/Guardian's Name: _____ Work Phone: _____
Email Address: _____ Cell Phone: _____
Emergency Contact Name _____ Cell Number _____

PLEASE CIRCLE PROPER CHOICES BELOW

Boy	Girl	Grade: 6 7 8	Player shirt size: Youth Small	Youth Medium
		9 10	Youth Large	Adult Small
		11 12	Adult Medium	Adult Large
			Adult X-Large	Adult XX-Large

INSURANCE WAIVER

I have insurance that covers my child to participate in the Mill Rock Summer Basketball Skills Camp. Insurance

Company Name _____

If I do not have insurance for my child, nor do I wish to obtain insurance for my child, I know that it will be my full responsibility for any medical expenses incurred.

PARENTAL CONSENT AND WAIVER OF LIABILITY

I consent to, and give permission for, my child to participate in the Mill Rock Summer Basketball Skills Camp. I have no knowledge of any physical impairment that would be affected by my child's participation in the basketball program.

I further agree to waive all liability of the Connecticut Violence Intervention Program, We are the Village, its representatives, employees, managers, team coaches, school district and any other participant, for any accident, injury, illness or other mishap which might befall the individual named on this registration while traveling to or from, or during their participation in the basketball program, whether or not such liability, claim, damage, loss or expense is caused in part by the negligence of any person, including any negligence by or on behalf of the Basketball Program, its agents and specifically including any defects in the condition of the property of the Basketball Program or the condition of its maintenance.

I consent (yes ___ or no ___) to emergency medical care for my child in case of sickness or injury, and any actual charges made for such care.

I agree to abide by the rules and regulations as set forth by Mill Rock Summer Basketball Skills Camp for my child's participation, and that each player will be responsible for himself, his insurance and his equipment. I acknowledge that I have freely and voluntarily entered into this Agreement and that I have read and understand this agreement in its entirety.

I hereby give my consent for the above child to participate in the Mill Rock Summer Basketball Skills Camp.

Signature of Parent or Legal Guardian _____

Date _____

Questions?

Please call Mary Hall, CT VIP Program Coordinator (203)974-3597

or

Melissa Atterberry-Jones, We are the Village CEO (203)507-7760

Spots are limited and not guaranteed, please return registration form ASAP to:

CT VIP Hamden JRB Office

In person: 9am-3pm Monday-Friday

Address: 60 Putnam Ave. Hamden CT 06517 or via Email: m.hall@ctintervention.org

We are the Village Youth Center

In person 3:30pm-6pm Monday-Friday

Address: 60 Putnam Ave. Hamden, CT 06517 or via email thevillageweare@gmail.com

Mill Rock Summer Basketball Camp Medical Form

Camper Name: _____
(1 form per child please)

Birthdate: _____

Guardian Contact Information:

Contact #1 Name and Number: _____

Contact #2 Name and Number: _____

Emergency Contact Name and Number _____

Medical Conditions

Medication Prescribed

Special Instructions:	

Allergies

Medication Prescribed

Special Instructions:	

Epi-pen: Does your child require an epi pen to treat an allergy? Y N. If so please speak with the camp director at registration.

Asthma: Does your child use an inhaler for asthma? Y N if yes my child has been instructed to carry their inhaler to ALL camp activities. Initial _____

Is there anything else that we need to know to provide proper care for your child?

Signed _____ (parent or guardian) Date _____

Website and Social Media Release Form

I, the undersigned, do hereby grant permission to CT Violence Intervention Program, We are the Village, and it's representatives to post video, photographs, or other item, hereinafter referred to as "Materials," I submit to and for CT Violence Intervention Program and We are the Village Websites, and Facebook accounts.

I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the "Materials" or any rights therein.

Parent/Guardiansignature _____ Date _____

Name: _____ Address: _____

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child's inclusion in the Materials will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you choose to have a court of law affirm this Agreement.

Child's Name: _____

Parent or Legal Guardian Signature