

RELEASE OF LIABILITY

IN CONSIDERATION OF THE SEQUOYAH BASKETBALL CAMP AND GRANTING THE CAMPER PERMISSION TO PARTICIPATE, I HEREBY STATE THAT THE INDIANS BASKETBALL CAMP AND THE INDIVIDUALS REPRESENTING THE CAMP ARE NOT RESPONSIBLE FOR ANY PREEXISTING INJURY OR RECURRENCE OF ANY UNDISCLOSED PREEXISTENT INJURY OR ILLNESS OF THE LISTED CAMPER. I FURTHER ACKNOWLEDGE AND RELEASE THE CHEROKEE NATION, SEQUOYAH SCHOOLS, AND ITS' EMPLOYEES, CONTRACTORS, AGENTS, INSTRUCTORS AND ALL OTHER PARTICIPANTS IN CAMP FROM ALL LIABILITY INCLUDING CLAIMS AND SUITS AT LAW OR EQUITY, FOR INJURY WHICH MAY RESULT FROM THE CAMPER TAKING PART IN THE CAMP. _____ *INITIALS*

I, AS A PARENT OR LEGAL GUARDIAN, ACKNOWLEDGE AND FULLY UNDERSTAND THAT THE PARTICIPANT WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OR SERIOUS INJURY AND THAT THERE MAY BE OTHER RISKS NOT KNOWN TO OR NOT REASONABLY SEEN AT THIS TIME. I ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR ANY DAMAGES FOLLOWING SUCH INJURY, PERMANENT DISABILITY OR DEATH. I HEREBY CONSENT TO SAID MINOR'S PARTICIPATION AND ASSUME ALL THE RISKS OF HIS PERSONAL INJURY THAT MAY RESULT FROM THE CAMP ACTIVITY. _____ *INITIALS*

I RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO BRING LEGAL ACTION UPON THE CHEROKEE NATION, SEQUOYAH SCHOOLS' EMPLOYEES, CONTRACTORS, AGENTS, INSTRUCTORS, PARTICIPANTS AND ANYONE ASSOCIATED WITH ITS OPERATION.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

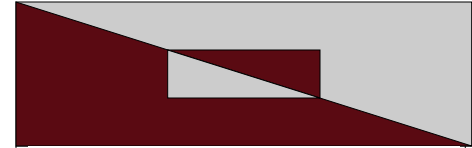
MEDICAL RELEASE AND INSURANCE VERIFICATION CAMPER'S NAME _____

I REQUEST AND GIVE PERMISSION TO THE SEQUOYAH SCHOOLS' STAFF AND THE WW HASTINGS MEDICAL STAFF TO TREAT THE ABOVE NAMED CAMP PARTICIPANT APPROPRIATELY, INCLUDING MEDICAL REFERRALS AND/OR MEDICAL TRANSPORT. _____ *INITIALS*

I UNDERSTAND THAT ANY CHARGES RESULTING FROM THIS MEDICAL TREATMENT WILL BE BILLED TO ME AT MY ADDRESS ABOVE OR TO MY MEDICAL INSURANCE. I ALSO UNDERSTAND THAT AS PARENT OR LEGAL GUARDIAN I AM ALSO RESPONSIBLE FOR ANY DEDUCTIBLES ASSOCIATED WITH THE PRIMARY OR THE SECONDARY COVERAGE. _____ *INITIALS*

MEDICAL INSURANCE COMPANY _____ POLICY NUMBER _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN AND/OR POLICY OWNER DATE



**2011
Indians
Boys'
Basketball Camp**



June 6-9

Grades 1-5 8 until 11 a.m.

Grades 6-9 12 until 3 p.m.

Camp fee \$45.00

Camp includes:

- Breakfast and lunch
- Camp t-shirt
- Camp basketball



Learn basketball skills from the Indians Basketball team and coaches!

- ◆ Shooting
- ◆ Passing
- ◆ Dribbling
- ◆ Offensive & Defensive principles



2011 Sequoyah Boys Basketball Camp

Registration Form

Name: _____

Grade for 2011-12
school year _____

T-shirt size: (circle one)

Youth S Youth M Youth L
Adult S Adult M Adult L
Adult XL Adult 2X

Parent/Guardian Information
Name: _____

Home phone: _____

Cell phone: _____

Additional emergency
Contact information:

Name _____

Phone: _____

My child will eat:

() breakfast () lunch

Make checks payable to:
Jay Herrin

Mail registration forms to:

Jay Herrin

Sequoyah Schools

PO Box 520

Tahlequah, OK 74465

Campers will need to provide their own basketball shoes and shorts.