

**BROOKLYN SPORTS and THEATRE CAMP**  
**RELEASE AND WAIVER OF LIABILITY**

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby state that **HOLY ANGELS ACADEMY, BROOKLYN SPORTS and THEATRE CAMP (formerly known as BAY RIDGE SPORTS and THEATRE CAMP), STEVE CARBERRY, CAMP COUNSELORS, COACHES, ATHLETIC TRAINERS and STAFF** are not responsible for any pre-existing injury, reoccurrence or exacerbation of any disclosed or undisclosed pre-existing injury, or illness of the camper.

**MEDICAL STATEMENT:** I hereby certify that I have had my child checked by his/her physician and he/she is able to participate in the sports and theatre camp activities with no restrictions. A Medical Release Form and Waiver is attached.

**PARENTAL CONSENT:** I understand that if my child is aged from 4-11 years old, I, or someone I authorize (named on Registration Form), **MUST** sign my child in and out every day on the camp roster. I understand if my child is aged 12 or older, he/she may sign himself/herself in and out every day **ONLY IF** I provide written special instructions on Registration Form.

**PARENTAL CONSENT:** Before medical operations and procedures can be performed on minors, the law requires parental permission. As parent or guardian, you are asked to sign the following consent that will allow medical procedures to be carried out promptly and without unnecessary delay. Except in emergencies, no medical operations will be performed without the parent or guardian being contacted and informed of the situation.

**PARENTAL CONSENT:** As the minor's parent or guardian, I have actual knowledge of the activities, games, events and camp activities that my child will take part in and understand that there are risks of bodily injury, such as cuts, sprains, concussions and broken bones from one's participation in sports activities, and I hereby voluntarily consent to the minor's participation in sports camp activities and assume all risks of possible injury.

**RELEASE AND WAIVER OF CLAIMS:** In consideration of my child/dependent being permitted to attend and participate in sports camp activities, I, on behalf of myself, my child/dependent, my heirs and personal representatives, do hereby waive, release and discharge forever any and all claims for damages for bodily injury or death, or damage or loss of property, that I or my child/dependent may have or that may occur subsequent to any camp activities, games or events against **HOLY ANGELS ACADEMY, BROOKLYN SPORTS and THEATRE CAMP, (formerly known as BAY RIDGE SPORTS and THEATRE CAMP), STEVE CARBERRY, CAMP COUNSELORS, COACHES, ATHLETIC TRAINERS, STAFF, PHYSICIANS, VOLUNTEERS, EMPLOYEES and AGENTS** arising from or attributable to my child/dependent's attendance at and participation in sports camp activities. I have read, or have had read to me, this Release and Waiver of Claims Statement and understand and voluntarily agree to its provisions.

I, the undersigned, hereby represent to Holy Angels Academy, Brooklyn Sports and Theatre Camp, Steve Carberry, Camp Counselors and Coaches that I am the legal parent/guardian of the child herein registered for the camp.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name of Parent/Guardian** \_\_\_\_\_