

# Jackie Stiles Basketball Camp

Participants Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Date: June 15, 2026**

Session ONE: \$55

Session TWO: \$55

1:00pm - 4:00pm

4:30pm– 7:30pm

2nd - 6th grade

7th-12th grade

boys/girls

boys/girls

Select this session : \_\_\_\_\_

Select this session : \_\_\_\_\_



Waiver and Consent Statement: I, the undersigned, state that I understand the basketball facility is not, nor shall not be responsible for, or liable for illness to any person or damage to property resulting from the program in which the undersigned is enrolled or from my participation in said program. I, also, assume all physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless the camp facilities, its officials, Jackie Stiles, coaches/volunteers, officers, and employees and/or any other civic or private organization appointed by it from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury to child or person. In case of sickness or injury, I authorize the calling of 911 and/or providing the necessary first aid and medical services. I understand that responsible measures will be taken to safeguard the health and safety of the participant. I, the undersigned, also waive any and all claims that I or my heirs, executors, administrators or assigns may claim to have resulting from a photograph, Video or reproductions thereof of me while participation in any of Jackie Stiles Basketball Programs.

I HAVE READ AND UNDERSTAND THE WAIVER AND CONSENT STATEMENTS.

**Please Return Form to: Ellis Recreation Commission, 1204 Washington, Ellis, Kansas 67637 OR the Drop Boxes located in the Schools. Phone: (785) 726-3718**

Pd \_\_\_\_\_ SCH \_\_\_\_\_ Date \_\_\_\_\_

Cash Check Credit Name: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE:** I appoint the ERC staff, instructors, and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent authorizes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of saving life or to reduce further injury and harm. I acknowledge that payment of such medical treatment is my obligation and that such treatment will be sought only in the event of an emergency. **WAIVER RELEASE STATEMENT:** As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damages or loss which I may sustain as a result of participation in any and all activities connected with or associated with such program. I further agree to waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defend the ERC and its officers, agents, servants, and employees from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program. The undersigned and participant authorize the ERC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. **WAIVER OF LIABILITY/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19:** In consideration of being allowed to participate on behalf of Ellis Recreation Commission athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that: Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Ellis Recreation Commission their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**I, the Parent/Legal Guardian** of the above named participant have read and understand the “Consent for Emergency Medical and Dental Care” and the “Waiver Release Statement.” I have read and explained the provisions in the COVID-19 waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law. I agree to abide by all policies and guidelines set forth by the ERC regarding this program.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_



# REGISTRATION DEADLINE June 3, 2026