

## New York Registration and Waiver & Release Form

\_\_\_\_\_  
Camper's Name

\_\_\_\_\_  
Age (at the time of camp)

Shirt Size: YM YL S M L XL

Camp Week(s):  June 28<sup>th</sup> – 2<sup>nd</sup> (Pleasantville)  
 July 19<sup>th</sup> – 23<sup>rd</sup> (Pleasantville)

\_\_\_\_\_  
Parents Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number (Day)

\_\_\_\_\_  
Phone Number (Evening)

\_\_\_\_\_  
Email Address  
(To be used to confirm your registration)

\_\_\_\_\_  
Camper's Health Insurance Company

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Child's Allergies

\_\_\_\_\_  
Child's Illnesses

\_\_\_\_\_  
Child's Medications

Please enclose the following:

1. This form
2. The child's vaccination record
3. Non-refundable deposit of \$100.00

Send to: Jim Harter's All-Star Basketball Camp  
PO BOX 2584  
Briarcliff, NY 10510

Please make check payable to Jim Harter Camps, Inc.

I, \_\_\_\_\_  
(print your name) hereby indicate my desire to have my child,

\_\_\_\_\_  
(print child's name) participate in Jim Harter's Camps, Inc. events (JHCI) including swimming, and use the equipment and facilities of the Ann & Alfred Goldstein Heath, Fitness and Recreation Center of Pace University, located at Pace's Pleasantville, NY campus and Civic Center Gymnasium, located at Pace's NYC Campus on the dates indicated on the application. My child's participation in JHCI events at Pace University and the use of the equipment and facilities is completely voluntary. In consideration for permitting my child to participate in JHCI events, and being permitted to use the equipment and facilities, I agree to the following:

1. To abide by all of Pace's applicable policies, rules, regulation and standards of conduct during and in connection with use of the Fitness Center, including but not limited to parking and security policies. I understand that violation of these policies, rules, regulations and standards may results in my removal from the Fitness Center and University's campuses, without refund.

2. If my child requires an accommodation due to a disability and/or religious observances for full participation, I will follow the proper procedures for assessment and approval of such accommodation by the necessary administrative parties as reasonable. Such approval of accommodations must be granted prior to use of the equipment and facilities, except as has been confirmed to JHCI in writing attached to this release. My child has no medical or psychological condition that would preclude or limit use of the equipment or facilities or participation in any program and my child is not taking any medication that would impair ability to use the equipment or facilities or participate.

3. I authorize JHCI, its employees, agents and representatives, and Pace University, its employees, agents and representatives to act in any attempt to safeguard and preserve the health and/or safety of my child during the use of the equipment and facilities or participation in a program offered, including authoring emergency medical treatment on my behalf and at my expense.

4. I agree for myself, my heirs and my personal representatives, to hold harmless, and forever release and discharge JHCIE and all its officers, agents and employees, and Pace University and all its officers, agents and employees from and against any and all claims, demands, action or causes of action, on account of damage to personal property or personal injury which may result from participation in JHCI programs and activities and incident thereto.

5. I acknowledge that I have read this entire document and understand its terms.

6. This release shall be construed in accordance with, and governed by, the laws of the State of New York. Any litigation relating to this Release or the Event shall be conducted in a court of competent jurisdiction in the State of New York, County of New York.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date