

**UNIVERSITY OF DETROIT MERCY MEN'S BASKETBALL CAMPS**  
Athletic Department, University of Detroit Mercy, 4001 W. McNichols Rd, Detroit, MI 48221

**PARTICIPATION AGREEMENT, CONSENT, & INFORMATION FORM**

**PERMISSION TO PARTICIPATE**

Participant's Name: \_\_\_\_\_

Participant's Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

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

Cell phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Evening phone: \_\_\_\_\_

I, the parent/guardian, give my permission for the above mentioned student to participate in the University of Detroit Mercy Men's Basketball Camps. I have read the attached brochure of camp activities in which the participant will engage.

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

**EMERGENCY CONTACT INFORMATION**

In case of an emergency, the staff of the University of Detroit Mercy Men's Basketball Camps will try to reach the above mentioned Parent/Guardian. Please provide us with an Emergency Contact Person in case we are unable to reach you.

**Name:** \_\_\_\_\_ **Relation to the participant:** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_

**MEDICAL INFORMATION**

If the above mentioned participant is currently taking any medication or has a medical condition of which we should be aware, including any food allergies, please provide that information below. (Except for program staff, this information will be kept CONFIDENTIAL)

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**CONSENT FOR TREATMENT**

Health insurance information (if applicable):

**Insurance company:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_

**Doctor/Clinic Name:** \_\_\_\_\_ **Doctor's Phone:** \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a participant in the University of Detroit Mercy Men's Basketball Camp, do hereby voluntarily and knowingly give my consent, in the event of illness or of injury to the above named participant, to the administration of such treatments, including x-rays, tests, transfusions, injections or drugs, as may be considered necessary or desirable in the diagnosis and treatment of the participant by the physician in attendance.

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

**PERMISSION TO USE PHOTOS**

The University may take pictures throughout the Detroit Mercy Men's Basketball Camps. There is a possibility that these photos will be used for publicity and advertising. We will NOT use your child's photos unless we have your permission. CHECK ONE:

- ☐ YES, I give the University permission to publish photos of my child.
- ☐ NO, I do NOT give the University permission to publish photos of my child.

**RELEASE AND INDEMNITY AGREEMENT**

In consideration for the above named participant attending the University of Detroit Mercy Men's Basketball Camps at the University of Detroit Mercy, I, the parent/guardian of the above named participant, hereby hold the Trustees, Officers, Agents and Employees of the University of Detroit Mercy harmless from any and all claims and causes of action that I may have or acquire against them. I do further discharge Detroit Mercy of any liability or costs concerning injury, illness, loss or damage sustained by the participant or the property of the participant, while in attendance at the Detroit Mercy Men's Basketball Camps.

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