



# Irmo Chapin Recreation Commission

## Chase Loveless Empowerment Basketball Camp

### Oct. 26, 2024, 8:30 am – 1 pm

### Seven Oaks Park

Please complete all information & return the form to the Palmetto Foundation.

Email: Admin@palmettofoundation.org

Mail: 1061 Loveless Lane Chapin, SC 29036

\*Pre-register by October 5, 2024, to receive a t-shirt\*

**Participant Information**

Child's Name \_\_\_\_\_  Male  Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 10/1/24 \_\_\_\_\_ (Camp ages are 7 – 17 years old)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

T-Shirt Size (**Please indicate youth or adult size**) \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_

Please list any known medical conditions, allergies, medications, or special requirements. In the event of an emergency, this information may be shared with medical professionals.

Medications \_\_\_\_\_

Conditions/Allergies \_\_\_\_\_

**RELEASE OF LIABILITY FORM**

I acknowledge that there are risks of physical injury to me or my minor child from participating in activities offered by the Palmetto Foundation in partnership with the Irmo Chapin Recreation Commission. I understand these risks and have had an opportunity to inquire into these risks. I agree to release and discharge the Palmetto Foundation/ Irmo Chapin Recreation Commission and its agents, employees, and volunteers from all liability for any injury to me or my minor child from negligence. If I or my child becomes injured, I authorize the Palmetto Foundation/Irmo Chapin Recreation Commission to assist with procuring proper medical care. I understand that I am responsible for all medical costs.

I authorize the Palmetto Foundation and the Irmo Chapin Recreation Commission to use any video footage and/or photograph (s) taken of me or my child while enrolled in ICRC programs/activities and waive any and all claims that I may have or claim to have resulting from reproductions thereof.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Michael J. Mungo  
FOUNDATION

