**Medical Agreement and Parental Consent**

***As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I recognize and acknowledge that there are certain risks of physical injury in sports. I do understand that I will be responsible for all medical bills on my child's part for injuries. I assure you that my child is healthy and stable to participate in all physical activities. I authorize the staff to assist with any health issue or injury my child may incur while attending camp. My child will be responsible for their failure to abide by the rules and regulations of this event. The university has permission to utilize any photos of my child for any promotional purposes.***

***The event will be located on the campus of the University of Arkansas at Pine Bluff athletics facilities. However, the university will not be responsible for any sports-related issues. If you have any questions regarding this event, please contact (Appointed Coach Name ) at (Email).***

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

**\*\*IT IS RECOMMENDED THAT YOU LEAVE VALUABLES AT HOME AS THE UAPB ATHLETICS AND UAPB ARE NOT RESPONSIBLE FOR ANY PERSONAL ITEMS THAT ARE LOST OR STOLEN \*\***

Per NCAA rules, sports camps and clinics conducted by the University of Arkansas at Pine Bluff are open to all entrants. Enrollment is limited only by number, age, grade level, and/or gender.

**\*\*NO REFUNDS\*\***