



Athlete's Information

Athlete's Name:

Date of Birth:

Grade:

Gender:

Parent/Guardian Information

Name:

Cell Number:

E-mail:

Emergency Contact Information

Emergency contact name:

Relationship:

Phone number:

Alternative phone number:

Medical Information

Chronic Illness:

Medical conditions:

Other:

Prescribed inhaler:

Registration

Camp fee: \$50

optional - t-shirt fee: \$16

t-shirt size if ordering:

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by this organization, during the selected camp. In exchange for the acceptance of said child's candidacy by this organization. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless this organization. All its

respective officers, agents, and representatives from any and all liability for injuries to the said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against the organization. Including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball.

Signature of Parent/Guardian:

Date: