



**2011 BASKETBALL 101 CAMP
Registration Form**
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Child's Name: _____

Shirt Size: YM YL AS AM AL AXL (Shirt size guaranteed if registered by May 31, 2011)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Age: _____ Sex: _____

School: _____ Grade: _____

Registering Parent's Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Emergency Contact (other than parents): _____

Relation: _____ Phone: _____

I hereby consent for my child to participate in the Madison County Recreation Department's Basketball 101 Camp and hereby release said department, sponsor, and instructors of any liability for injuries which might occur.

Parent's Signature: _____ Date: _____

AUTHORIZATION OF PICK-UP

I hereby authorize the following people to pick-up my child(ren) from the M.C.R.D. Basketball 101 Camp:

Name: _____ Relation: _____ Signature: _____

Name: _____ Relation: _____ Signature: _____

Name: _____ Relation: _____ Signature: _____

Name: _____ Relation: _____ Signature: _____

I realize that I must call the recreation department to notify the staff if someone not listed above is picking up my child(ren). In addition, anyone not listed above will be required to present a picture I.D. upon arriving to pick up my child(ren).

Parent's Signature: _____ Date: _____

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HEALTH INFORMATION FORM

Child's Name: _____

Child's Doctor: _____ Phone: _____

Health Insurance Company: _____

Is the camper listed above covered under this health insurance plan? Yes _____ No _____

Child's Health History

Please list any allergies that your child has now or has had in the past: _____

Please list any disabilities the camper listed above may have. Identify primary and secondary disabilities (ex. spina bifida; cerebral palsy; mental retardation; behavior disorders, etc.) and the level of disability if known (ex. moderately, severely, etc.) _____

Does the camper listed above have any speech, hearing, and/or vision problems? Yes _____ No _____

If yes, please list and describe in detail. _____

Does the camper listed above have any special needs and or medical problems, not already listed that the camp staff should be aware of? If so, please be specific. _____

Please use the space below to list any additional information that the camp staff should be aware of.

Parent's Signature: _____ Date: _____

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Waiver & Release Statements

Child's Name: _____

Being fully aware of the risk of bodily injury, the undersigned does further agree that the child listed above assumes the risk of danger involved in any program of this nature. Being desirous of arranging for the medical care and treatment of my minor child during his/her participation in the above mentioned program, do hereby authorize the Madison County Recreation Department to act in the following matters in behalf, place, and stead:

- a. To obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other medical facility; by any medical doctor, osteopath, nurse, surgeon, or any other medical practitioner;
- b. To do any other thing or perform any other act, not limited to the foregoing, which the undersigned might do in person, in order to provide for the medical care and welfare of the minor child.

The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and to hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized. It is understood, however, that if hospitalization or treatment of a more serious nature is required I will be contacted, if at all possible, by telephone for permission. The physician, organizers, directors, agents, or employees of the M.C.R.D. are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, damage to person or property during the event of the program, and in that regard, I hereby covenant that on my behalf and for the minor not to file a claim or bring a suit with respect to any such injury or damage. This Medical Authorization shall remain effective until such time as the program has been completed. I, the undersigned, am a Parent, Legal Guardian, or Caregiver of the above specified minor. I have read and fully understand the provisions of the above releases and have explained them to said minor. I hereby agree that said minor and I will be bound thereby. The Madison County Recreation Department does not discriminate on the basis of handicapped status or access to, or treatment or employment in, its programs or activities.

PRINT NAME _____

SIGNATURE _____ DATE _____

Permission is granted for my child to appear in still or motion pictures using his/her name for educational, promotional or other proper purposes only.

YES _____ NO _____

SIGNATURE _____ DATE _____

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PAY SUMMARY SHEET

Child's Name _____

Basketball 101 Camp
Steve Crouse & Dan Lampe, Instructors
Ages 6 – 13
June 13 – 17
9:30 am – 12:30 pm
Madison County High School Gymnasium
\$40 (Includes T-shirt)

Please submit payment of the total listed above to the Madison County Recreation Department at the time you submit the registration for your child. A spot in the camp can only be guaranteed by payment in full.

Office Use Only Below This Line

Date _____ Amount Paid _____ Check #/Cash _____