

STINGERS BASKETBALL CAMP

..PRESENTED BY..

ST. BERNADETTE ELEMENTARY SCHOOL

IN PARTNERSHIP WITH

ROUNDBALL BASKETBALL

*EXCITING GROUP GAMES

*FUN & COMPETITIVE CHALLENGES

*TEAM TOURNAMENTS

*MUSIC & PRIZES

REGISTER AT: ST. BERNADETTE SCHOOL

COST: \$65 PER PERSON

AGE: CURRENT GRADES 4 - 6

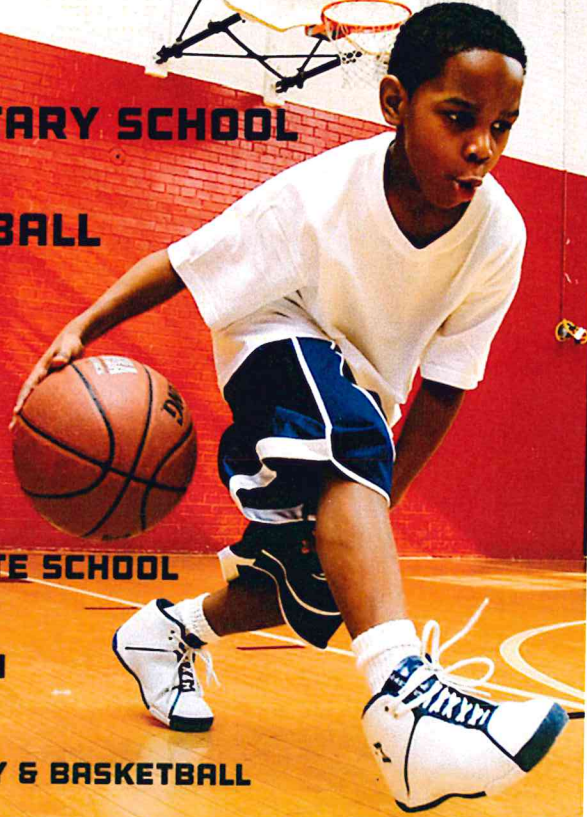
JULY 4TH - 8TH | 10 AM - 1 PM

SNACK PROVIDED

REGISTRATION INCLUDES

REVERSIBLE ROUNDBALL JERSEY & BASKETBALL

CHEQUES MADE TO: ROUNDBALL BASKETBALL



To Register, please fill out the forms below

Student Name: _____ Grade: _____

Name of Parent/Legal Guardian: _____

Phone Number: _____

Email Address: _____

Participation fee of \$65.00 payable to Roundball Basketball Paid

By filling out this form I give permission for my child to participate in the Stingers Basketball Camp July 4th – 8th, 2016 from 10 am to 1pm.

Parent's Signature: _____ Date _____

Medical Form

Student's Name: _____ Birthdate _____

Parent/Guardian Names: _____

Parent Phone Numbers: Home: _____

Mother Work: _____ Father Work: _____

Mother Cell: _____ Father Cell: _____

Emergency Contact Person: _____

Emergency Contact Phone Number: _____

Care Card Number: _____

Does your child have any medical concerns? (e.g. asthma, allergies etc.) If so, please specify:

Does your child require any medication? (e.g. inhalers, allergy medication etc.) If so, please list the name of the medication, the dosage required and the time of dosage.

Does your child have any dietary concerns? (e.g. food allergies or sensitivities) If yes, please specify:

By checking the box below, I agree to authorizing my emergency contacts to pick up my child. I understand that my child will not be released to anyone not listed as a parent, legal guardian or emergency contact.

I agree

By checking the box below I agree to the following release: In the event my child suffers any illness or accident requiring emergency treatment while involved in any Stingers Basketball Camp activity, I hereby give permission for any necessary hospitalization, medication or surgery on recommendation of medical personnel, in which case all such expenses shall be paid by me.

I agree

By checking the box below I agree to the following waiver of liability: In the event of sickness or accident, I waive all claims against Roundball Basketball, its members, officers, agents, employees and volunteers that may arise from participation in the activities of Stingers Basketball Camp.

I agree

By signing this form, I acknowledge that all information is correct and up-to-date. Failure to agree to the terms above will result in your child being unable to participate in the Stingers Basketball Camp.

Parent's Signature: _____ Date _____

Roundball Media Release Form

I, the undersigned, hereby authorize Roundball Basketball to photograph, take video footage, and/or make electronic sound recordings of my child (herein referred to as photographic or electronic reproductions).

2) I authorize the use of any such photographic or electronic reproductions of my child for any purpose, including, but not limited to promotional, educational and other public media as may be deemed appropriate by Roundball Basketball (I understand that I may be identifiable from such photographic or electronic reproduction)

Agreed and accepted by:

Print Name _____

Phone _____

Signature & Date _____

PARENTAL CONSENT

I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

Signature of Applicant's Parent/Guardian

Date