

2017 Eagles Basketball Camp Registration

GENERAL INFORMATION

Camper's Last Name: _____ Camper's First Name: _____
Camper's Age (at time of camp): _____ Address: _____
Home Telephone: _____
Mother/Father Cell Phone: _____
Parent's e-mail: _____
Emergency contact name: _____ Phone: _____
(camp confirmation sent via e-mail)

MEDICAL INFORMATION

*Allergies: _____ *Medications: _____
*Medical Conditions: _____

*Please meet with the Camp Trainer on the first morning of camp with instructions and medications regarding any conditions listed above.

I hereby give my parental consent for any Eagles Basketball Camp employee to secure emergency medical assistance for my child via ambulance, Physician, or hospital (please sign on the line below to give your consent).

X _____

All camps are daily from 9:00 am to 3:00 pm. Ages 6-14.

Please check the camp session your child will attend:

- () June 19-23 - \$175/week
() June 26-27 (shooting camp) - \$75
() July 10-14 - \$175/week
() July 17-21 - \$175/week

I confirm that my child's health meets medical standards for physical participation in a basketball camp. I understand that basketball is a contact sport and injuries occasionally result from participation. I further understand that neither Eagles Basketball Camp, CV High School, nor their employees/staff members assume responsibility for accidents, whether medical or dental, on campus or during travel to and from camp (please sign on the line below to acknowledge and accept).

X _____

Please print & mail this form along with your check made payable to: **Eagles Basketball Camp.**

Mail to:
Eagles Basketball Camp
488 Woodcrest Drive
Mechanicsburg, PA 17050