

CLARK UNIVERSITY COED BASKETBALL CAMP (Grades 2-12)

Application and Parental Consent Form

In order to enable health facilities in Worcester to provide prompt care to your minor son or daughter, we urge you to read and complete this consent form. This will enable us to help your child without delay in the event of an emergency. We also ask that you **forward a copy of your child's latest physical and immunization records to our office as soon as possible. Children without these forms on file will not be able to participate in camp activities. Thank you!**

Please provide the following information about the registered camper: **(PLEASE PRINT)**

Name of Camper: _____ () Male () Female Birth Date: _____

Home Address: _____
No. and Street/Apartment No. City State Zip

Mailing Address (if different): _____
Street/P.O. Box No. City State Zip

School: _____ Grade as of Sept. 2009: _____ Height: _____ Weight: _____

Guardian's Name/Relationship: _____

____ No ____ Yes Allergic reactions (drugs, food, asthma, etc.) (If yes, please describe:) _____

____ No ____ Yes Taking any medication at this time? (If yes, please describe:) _____

Date of last tetanus toxoid: _____

In case of emergency:

Father's Name: _____ Father Home Phone: () _____ Father Work Phone: () _____

Mother's Name: _____ Mother Home Phone: () _____ Mother Work Phone: () _____

Other Emergency Number (List person to contact): _____
Name Phone Number

Your Insurance Company: _____

Policy #: _____ Name of Policy Holder: _____

Any instructions regarding your insurance: _____

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the Camp, during the period of the Camp, to seek appropriate medical attention for the camper, and for medical attention to be given, and for the camper to receive medical attention in the event of an accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, and have health insurance to cover these costs.

I/We, the undersigned, for ourselves and as guardian(s) of _____

_____ Camper's Name
understand basketball is an active, physical sport and that injuries can take place during the day. I/We also understand there will be a number of children attending camp, there will be a limited number of coaches and/or counselors, and that our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in basketball camp activities. I/We, represent that I/we have sought the opinion of our child's pediatrician, _____, and concurs that _____

_____ Pediatrician's Name _____ Camper's Name
is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such sport.

I/We the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Clark University Basketball Camp and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in Camp Activities or while at Camp.

Signature of Parent or Guardian: _____ Date: _____

\$25 off after first child
Cost \$190/week

July 6 - July 9
Day Camp Week 1

July 13 - 16
Day Camp Week 2

Cost 2 weeks/\$340.00

Office Use Only: Date Rec'd: _____ Amount _____ Bal. Due _____ Check No. _____ Physical Rec'd _____ Discount _____