

SPECIAL NEEDS YOUTH BASKETBALL CAMP REGISTRATION FORM

Camper Name: _____ M F (circle) Age: _____ Date of Birth: / /

Parent / Guardian Name: _____ Telephone: (H) _____ (C) _____

Street Address: _____ City: _____ Zip: _____

Email Address: _____

Person to notify in case of emergency: _____ Telephone: _____

Medical Insurance Carrier: _____ Insurance Policy #: _____

Special circumstances: _____

Parent / Guardian Consent for Medical Treatment:

I hereby authorize the directors of the Special Needs Youth Basketball Camp to act according to their best judgment in an emergency requiring medical attention and hereby waive and release the camp personnel and Oak Park Christian Center from any and all liability for any injuries while at camp.

Parent / Guardian Signature

Date

Return to:

Special Needs Youth Basketball Camp
10 Chadima Court
Pleasant Hill, CA 94523

Check #: _____ Date: _____

Amount Enclosed: _____

