



Summer Basketball Camp Registration Form
"Emphasis on Fundamentals"
June 22nd – 24th, 2010

Participant Information

Participant Name: _____ Birthdate: _____ Age: ____ Grade in Fall: _____

Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____

Circle T-Shirt Size and Camp Time

T-Shirt Size: YS YM YL YXL AS AM AL ALX

Camp Time: 9:00 AM – 12:00 PM 1:00 PM – 4:00 PM

Parent and Emergency Contact Information

Father's Name: _____ email: _____

Cell #: _____ Work #: _____

Mother's Name: _____ email: _____

Cell #: _____ Work #: _____

Emergency Contact: _____ Contact #: _____ Relationship: _____

Pickup Authorization Contact: _____ Contact #: _____ Relationship: _____

Medical Information

Do you have any current or past medical conditions? __ Yes __ No

If yes, please explain: _____

List all drugs, supplements, medications and treatments you are currently taking and for what condition and any allergies below:

Physician Information

Doctor's Name: _____ Phone #: _____

Primary Hospital Name: _____

Official Injury and Medical Waiver

I (we) recognize the possibility of physical injury associated with the sport of basketball. I (we) release Cy Fair Athletics – Cy Fair Shock Elite organization and their officers, directors, coaches, employees, agents, volunteers, sponsors, participating athletes, other parents, representatives, and successors, and the schools, school districts, colleges or universities, religious organizations and other owners of the facilities where the camp activities are played and their employees (all the foregoing are collectively referred to herein as the Cy Fair Athletics – Cy Fair Shock Elite organization from any and all liabilities, claims, damages and expenses, whether known or unknown, sustained by the Participant or by the undersigned which in any way arise out of, or connected with or related to participation by the Participant in any activity (including without limitation transportation to and from activities) organized by or in any way associated with the Cy Fair Athletics – Cy Fair Shock Elite organization.

Parent/Guardian Signature: _____

Print Name: _____ **Date:** _____