

Boy or Girl

Grade September 2017 _____

Name _____ Parent's Name _____

Address _____

Phone No.(H) _____ Cell No. _____

Emergency Person _____ Phone No. _____

T-Shirt Adult/Youth XL L M S

My child has permission to attend the Falcon Basketball Camp. I certify that within the past year he/she has had a physical examination and that now he/she is physically able to participate in basketball camp activities without restriction. In event of an illness or injury, I give consent for medical treatment and permission to attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I will be responsible for any medical or other charges in connection with my child's attendance in camp.

I acknowledge that at the Falcon Basketball Camp my child will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground and at the Falcon Basketball Camp he/she may incur a risk of injury. I specifically waive and give up and release the Falcon Basketball Camp and staff from liability for any claim for damages which I or my child may have for injuries or illness that he/she may sustain at camp.

Please List Any Medical Conditions or Allergies our staff should be aware of:

*I understand that any pictures taken by Falcon Basketball Camp may be used for promotional purposes.

Parent's Signature _____

*Please make checks payable to:

Falcon Basketball Camp

Mail to:

JOE DIGENNARO
21 Krasco Road
Oak Ridge, NJ 07438
570-801-0251 (cell)