

## 2009 Northgate High School Girls Summer Basketball Camp Registration Form

Camper: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current School: \_\_\_\_\_ Shirt Size: YS YM YL AS AM AL AXL Payment: Cash / Check

Address \_\_\_\_\_  
Street and # City / ZIP

Parent(s)/Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever played basketball on a team? Yes / No If yes, then where? \_\_\_\_\_ yrs: \_\_\_\_\_

### Parental Waiver and Insurance Information

I/We give \_\_\_\_\_ permission to participate in the Northgate Girls Basketball Camp. I/We realize that such activities involve the potential for injury. I/We hereby acknowledge that even with the best teaching and coaching, the use of the most advanced equipment and the requirement of strict observance of all rules, injuries are still possible. I/We will not hold the school liable for any injuries that might occur during the course of the camp. I/We hereby acknowledge that I/We have read and understand this warning and verify that \_\_\_\_\_ is covered by a current accident and/or health insurance policy.

### Permission for Medical Treatment

I/We grant the school personnel my/our permission to act on my/our behalf in securing medical attention for \_\_\_\_\_ in case of any medical emergency while participating in the camp. The local emergency facilities have my/our permission to treat \_\_\_\_\_ for any illness/injury that occurs while participating in the camp. I/We also understand that I/We are totally responsible for any costs incurred for medical attention. I/We further verify that \_\_\_\_\_ is covered under the following insurance policy:

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name insured: \_\_\_\_\_

Persons Covered: \_\_\_\_\_

Policy expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_