

Camper Information

Name _____ Age _____ Grade _____

School _____ Shirt Size (Circle One) YS / YM / YL
AS / AM / AL
AXL / A2X

Parent/Guardian Information

Name _____ Phone # _____

Cell # _____ E-mail _____

Emergency Contact Information

Name _____ Relationship _____

Phone # _____ Cell # _____

Additional Health Information

Please list any allergies or health information the camp instructors might need to know about your child.

Injury Waiver

I understand I am financially responsible for any medical bills incurred by my child while at camp. I authorize the staff of the Blackhawk Basketball Camp to act as they see fit in the event an emergency arises.

I hereby release and forever discharge the staff of the Blackhawk Basketball Camp of and from any and all manner of actions, suits, damages, claims, and demands on account of personal injury or death arising from my child's participation in the above listed activities.

Parent Signature

Date

Picture Permission

I, _____ (Please print your name) GRANT permission for West Wilkes High School to publish photos of my child in the school's various forms of publications such as future camp brochures, flyers, and newspapers.