

2019 Youth Basketball Camp Registration Form (Please complete a form for each child)

Rising 5th – 8th graders June 24th through June 28th from 9:00am-12:00pm at Pender High School; Cost is \$25

Please return completed form and money to Pender County Parks and Recreation

Participant's Name		Male	Female
AgeBirthdate	School		Grade
Mailing Address	City		Zip
Parents' Name(s)	Home	Phone	
Mother's Cell Phone	Father's Cell Phone		
Primary Contact's Email Ad	ldress		
Emergency Contact (if parer	nts cannot be reached)		
Relationship to Participant_	Pho	ne	
Does your child have any known allergies (medicine, food, etc.)?If so, please list			
Is there any special informat	tion that staff/volunteers need to know?		

I acknowledge and understand that each participant will be engaging in activities that involve risk of injury and other hazards incidental to his/her participation, including traveling to and from field trip destinations. I hereby release Pender County and Pender County Schools, their employees and volunteers from all responsibility or liability of any nature for any injury, aggravation of a pre-existing condition, bodily injury, and/or damage to personal property resulting from participation in this activity.

I agree that a staff member from Pender County Parks and Recreation or Pender County Schools may authorize the physician of his/her choice to provide emergency care in the event that the child's parent(s) nor emergency contact(s) listed cannot be contacted immediately. I accept the responsibility for the cost of such medical treatment.

I further agree that photographs and/or video taken of my child during program hours may be used for any and all promotional materials, publications, website, social media, etc.

Parent's Signature

Date