

ALLERGIES:

Stu Vetter Basketball Camp 2010

| Gender/Age | School/Grade |
|------------|--------------|
| | |

Camper Name:

Address:

Contact Information

Parent/ Guardian Name:

Home Phone #:

Work Phone #:

EMERGENCY Contact Information

Name:

Emergency Phone #:

Medical Issues/ Information

Medication taken regularly:

Special Needs:

Allergies:

I, _____, hereby authorize the staff of Stu Vetter Basketball Camp, Inc. to act according to their best judgment in any emergency requiring medical attention. I hereby waive and release Montrose Christian School, Frederick Athletic Club, Hoops Magic, the StuVetter Basketball Camp and staff from all and any liability for any injury or illness suffered prior to or while at camp. I have no knowledge of any physical impairment that would affect my child's participation in the camp program. I also understand that I am responsible for camp fees and NO refunds will be made for reasons of absence, illness, suspension, withdrawal, or cancellation. Signature of Parent/Guardian_____ Date_____