

# Stu Vetter Basketball Camp 2020

Camper Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Gender: *M / F* Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Contact Information

Parent/ Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

## EMERGENCY Contact Information

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

Emergency Phone #: \_\_\_\_\_

I authorize the following person(s), in addition to myself to pick up the above camper:

Name(s)

Contact Number(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medical Issues/ Information

Medication taken regularly: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the staff of Stu Vetter Basketball Camp, LLC. to act according to their best judgment in any emergency requiring medical attention. I hereby waive, and release Coach Stu Vetter, Gold's Gym, Hoop's Plus Inc., Tilden Middle School, Walter Johnson High School and the Stu Vetter Basketball Camp LLC and staff from any and all liability for any injury or illness suffered prior to or while at camp. My child has had a Doctor's physical examination and 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. Gym location subject to change.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_