

Stu Vetter Basketball Camp 2019

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 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 _____