

Brian Coyle Basketball Camps, LLC

Basketball Camp Registration

Camp Information

Date Attending (circle one) Camp 1: June 28 - July 1 (\$100) Camp 2: August 2 - August 5 (\$120)

Camper Information

Name _____ Age (at start of camp) _____ Shirt Size _____

Parent/Guardian Information

Name _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Medical Release Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that by submitting this registration and allowing my children to participate I am financially responsible for any medical bills incurred by my child while at camp. In case of an emergency, I grant permission for my child to be given emergency treatment by the appropriate medical personnel. In consideration of the use of the premises or facilities, and/or in consideration of permitting me to participate in the above listed activity, on behalf of myself, my heirs, executors, administrators, successors, or assigns, I hereby release and forever discharge Brian Coyle Basketball Camps LLC, its agents, servants, and employees of and from any and all manner of actions, causes or actions, suits and damages, claims and demands, on account of personal injury, including death, or any cause whatsoever, which I may have against them by reason of or arising out of participation in the above listed activity.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Registration fees must be submitted prior to start of camp. Make checks payable to "Brian Coyle Basketball Camps, LLC"
If you have any questions or concerns please contact Coach Brian Coyle via email at bcolye10@outlook.com