



CAMP REGISTRATION

Camp Number 1

Name _____

Birthday _____ Age _____ Gender M F

Additional Campers

Parent/ Guardian Information

Name

Address

Email

Phone

Does the athlete have any allergies, chronic illness, or medical conditions? If yes, please describe.



Does your child require a special diet?

Emergency Contact

Name

Phone number

Relationship

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by during the selected camp. In exchange for the acceptance of said child's candidacy by , I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless . and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Hordge Camp Youth Wellness. including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Signature

Printed Name

Date
