

# TEAM 2FOUR

## 8 REGGIE BARNES BASKETBALL SUMMER CAMP PARTICIPANT REGISTRATION FORM (Sign and return)

SELECT A SESSION:  7/14-7/18 (3rd-5th grade)  8/11-8/15 (3rd-5th grade)  8/18-8/22 (3rd-5th grade)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Minor Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School \_\_\_\_\_

Grade (as of 9/2013) \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Email \_\_\_\_\_ phone \_\_\_\_\_

List any medications participant will take while participating in this program (*Note: Team 2Four will not be dispensing any medications*):

\_\_\_\_\_

List any physical conditions that may affect or limit full participation in any of the activities or any special medical conditions (e.g., food allergies, ADHD, asthma, cancer, leukemia, diabetes, heart condition, etc.) that we should be aware of:

\_\_\_\_\_

List medical devices customarily used, if app. (wheelchair, braces, glasses, contact lenses, hearing aid, etc.):

### Emergency Contact:

In case of an emergency, please call: \_\_\_\_\_ (relationship: \_\_\_\_\_)

Phone: \_\_\_\_\_

*I have provided all the above information honestly and to the best of my knowledge, and have read and understand the camp FAQ, detailed information (below) and disciplinary code and agree to adhere to them at all times.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_