

# Maryland Basketball Academy Camp 2017

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: \_\_\_\_\_

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I, \_\_\_\_\_, hereby authorize the staff of Maryland Basketball Academy Inc. (MBA) to act according to their best judgment in any emergency requiring medical attention. I hereby waive, and release Coach Erick Graves and MBA 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 or exchanges will be made for reasons of absence, illness, suspension, withdrawal, or cancellation.

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