

## 2010 Messiah College Boys' Basketball Camp Registration

CAMPER'S NAME \_\_\_\_\_

Shirt size (adult): S M L XL XXL (circle one)

If you would like us to send you an e-mail confirmation letter, please list the e-mail address below:

STREET ADDRESS \_\_\_\_\_

School: \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

Would you like to play at a higher (skill) level if you have the opportunity? Yes No Not Sure

AGE ENTERING GRADE \_\_\_\_\_

Please check your session and red, white or blue

Session I: June 20-24 Red White Blue

Session II: Aug. 1-5 Red White Blue

HOME PHONE \_\_\_\_\_

PARENT'S DAYTIME PHONE \_\_\_\_\_

Roommate Guidelines:

Work out roommate preference before sending in application. If left blank, you will be placed with someone of similar age.

E-MAIL \_\_\_\_\_

Roommate: \_\_\_\_\_

HEIGHT \_\_\_\_\_

### Camp Release Statement

The child named above has my permission to participate in the designated Messiah College summer athletic camp. I understand that camp participation may involve significant physical activity which could result in injury. I certify that the child is in good physical condition and is fully able to participate. I assume all risk incident to the child's participation and release Messiah College, its employees, agents, officers, and volunteers from all liability, claims, expenses, and actions which may arise from injury or harm to the child as a result of camp participation.

In the event of medical emergency, I authorize Messiah College to designate a physician or hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child and release Messiah College from any liability for injury or harm to the child which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

Signed \_\_\_\_\_ date \_\_\_\_\_  
parent/guardian

OFFICE USE ONLY

DEPOSIT \_\_\_\_\_ DATE \_\_\_\_\_