

# GIRLS' BASKETBALL ACADEMY REGISTRATION FORM

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

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

POSITION \_\_\_\_\_ HEIGHT \_\_\_\_\_ YEARS PLAYED \_\_\_\_\_

Would you like to play at a higher skill level if you have the opportunity?  Yes  No

SCHOOL \_\_\_\_\_ COACH \_\_\_\_\_

ROOMMATE PREFERENCE \_\_\_\_\_

Shirt Size (check only one):

Adult small  medium  large  x-large

Check all that apply:

- Overnight Camper  
 Full Day Commuter (lunch and dinner)  
 Partial Day Commuter (ends at 4:45 p.m.—  
lunch only)

## CONTACT INFORMATION

HOME ADDRESS \_\_\_\_\_

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

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

FATHER'S HOME NUMBER \_\_\_\_\_

FATHER'S WORK NUMBER / CELL NUMBER \_\_\_\_\_

MOTHER'S HOME NUMBER \_\_\_\_\_

MOTHER'S WORK NUMBER / CELL NUMBER \_\_\_\_\_

Mail completed form with \$100.00 deposit to:  
Messiah College Women's Basketball  
P.O. Box 4501  
One College Avenue  
Grantham, PA 17027

If not available in an emergency, please notify:

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## INSURANCE INFORMATION:

INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_

POLICY HOLDER'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## MEDICAL INFORMATION

Medications presently taking:

PRESCRIPTION \_\_\_\_\_ NON-PRESCRIPTION \_\_\_\_\_

I give my child permission to self-administer her prescription medication:  Yes  No  
Initial \_\_\_\_\_

I give my child permission to self-administer her non-prescription medication:  Yes  No  
Initial \_\_\_\_\_

My child is aware that she may not share any medication with other campers.

Camper signature: \_\_\_\_\_  
Drug sensitivities/allergies (circle if severe)  
\_\_\_\_\_  
\_\_\_\_\_

Epi-pen: Does your child require an epi-pen to treat an allergy?  Yes  No

Asthma: Does your child use an inhaler for asthma?  Yes  No

If yes, my child has been instructed to carry her inhaler to ALL camp activities. Initial \_\_\_\_\_

Tetanus: Date of last tetanus shot \_\_\_\_\_

Initial if you approve of appropriate administration of the following medicines by the athletic trainer:

Tylenol (initial) \_\_\_\_\_

Benadryl (initial) \_\_\_\_\_

Tums (initial) \_\_\_\_\_

## PRE-EXISTING CONDITIONS

Does your child have any injuries or conditions that presently exist that would limit her from camp activities?

Yes  No

If yes, describe \_\_\_\_\_

Has your child had any sports or orthopedic (muscle, joint, etc.) injury within the past year?

Yes  No

If yes, describe \_\_\_\_\_

Has your child been diagnosed with any other significant chronic illness (diabetes, heart, epilepsy, etc.)?

Yes  No

If yes, describe \_\_\_\_\_

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

In the event of a medical emergency, I authorize Messiah College to designate a hospital, physician, or emergency personnel to provide 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 of such medical care will be mine and certify that the child is covered by adequate medical insurance.

SIGNED (PARENT OR GUARDIAN) \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_