

KPHoops Basketball Camp Registration Form - 2023 - Seaford, NY

Participant Information

Name: _____ M / F: _____
Grade: _____ DOB: ____ / ____ / ____ Years Of Playing Experience: _____ T-Shirt Size: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Parent / Guardian Name: _____
Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____
E-Mail Address: _____

Emergency Contact Information

Name: _____ Phone: (_____) _____ - _____

Medical Release Information

Parent / Guardian Name: _____ Daytime Phone: (_____) _____ - _____
Existing Medical History: _____
Allergic Reactions: _____
Present Medication: _____

Insurance Information

Carrier: _____ Carrier Number: _____
Policy Number: _____ Group Number: _____

Medical Release / Photo Consent

I hereby release KPHoops LLC, it's staff, officers, agents, representatives, employees, successors, and assigns of and from any and all claims for damages to person or property, or while my child is engaged in activities, or while at clinic sites.

Participation in any sport may cause physical injury including sprains, strains, contusions, fractures, dislocations, ruptures, lacerations, concussions, and even death. In the event of an injury, I authorize the athletic trainer, nurses, doctors, and emergency personnel to administer first aid or care as deemed necessary.

I also give permission and consent for my child to allow photographs to be taken during clinic session activities. I further give permission and consent that any such photographs may be published and used by KPHoops LLC and its agent to illustrate and promote the camp experience.

Parent / Guardian Signature: _____ Date: ____ / ____ / ____

* This form must be completed in order to finalize registration.