



**Foster Park Sports Basketball Camp
Registration Form**

Please fill out the form completely.

Player Information

Player's First Name _____ Player's Last Name _____

Player's Date of Birth (MM/DD/YYYY) _____ Player's Age _____

Gender _____

Player's Race/Ethnicity- Please circle all that apply:

Black- African American

Black- African

Black- Caribbean

Hispanic or Latino

Asian

White

Other: _____

Address:

Street _____ Apt./Suite Number _____

City _____ State _____ Zip Code _____

Medical Conditions

Does your child have any medical conditions that we should be aware of? (i.e. asthma, seizures, etc.)

Allergies

Does your child have any allergies? (i.e. nuts, dairy, pollen, etc.) Please specify:

Does your child carry an EpiPen? _____

Parent/Guardian Information

Please write your name as shown on your government ID.

First Name _____ Last Name _____

Primary Email Address _____

Cell Phone Number _____ Work Number _____

Address:

Street _____ Apt./Suite Number _____

City _____ State _____ Zip Code _____

Emergency Contact Information

In case of an emergency and I am unable to reach, Foster Park Sports has permission to contact:

First Name _____ Last Name _____

Relation to the player (i.e. aunt, grandfather, neighbor) _____

Phone number _____ Alternative Number _____

Address:

Street _____ Apt./Suite Number _____

City _____ State _____ Zip Code _____

I, _____ (parent/guardian), hereby certify that _____ (child name) is in good physical condition based upon a licensed physician’s examination within the past six months. The physician certified that the child is able to participate in all sports and activities.

I, _____ (parent/guardian), also agree that in case of any injury, I will not hold Foster Park Sports, its officials, employee(s), or any volunteer(s) responsible. I also authorize the program’s directors to act on my behalf, and in accordance with their best judgment, in case of an emergency.

Signature of Parent/Guardian _____ **Date** _____

Getting to Know Your Child

Below are just a few questions for us to get to know your child:

Is this your child's first basketball camp?

What position does your child play? _____

What is your child's t-shirt size?

Youth Small Youth Medium Youth Large Youth XLarge Adult Small

Player's Grade _____

Full School Name (i.e. PS 0 Foster Park Sports) _____

This school is:

Public Private Charter Home School

What is your child's favorite subject in school? (including art, drama, music)

What other programs does your child participate in, if any?

How did you hear about us? Please circle:

Friend Coach Internet Search Family Previous Player

Medical and Photo Release Form

Parental Permission for Emergency Treatment

Please check mark one option:

In the event of a medical emergency, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitable qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

I do not consent for my child to receive emergency medical treatment.

Signature of Parent/Guardian _____ **Date** _____

Photo Release

Please check mark one option:

I, _____, the parent or legal guardian of _____ (child's name), grant Foster Park Sports my permission to use my child's photograph publicly to promote the organization. I understand that the images may be used for but not limited to: presentations, advertising, publicity, web content, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I do not grant Foster Park Sports my permission to use my child's photograph publicly to promote the organization. I also understand that my child is not guaranteed to have photos of him/her available of their time during the camp.

Signature of Parent/Guardian _____ **Date** _____