

Clinic Days are April 10, 11, 13, and 14 3:30-5:00 in the Elementary Gym. **To be returned with Clinic Fee of \$35 by May 4th.**

Rivercrest Basketball Camp Registration and Release Form

Name _____ Age _____ Grade _____

School _____

Parent's Name _____ Cell # _____

In case of emergency contact _____ Cell # _____

Please list allergies _____

Please list any medication that you are currently taking _____

Please make any necessary comments concerning physical condition, restrictions, etc.

Insurance Information

Name of insurance company _____

Name of subscriber _____

Relationship to Participant _____ Policy No. _____

Permission to Participate & Medical Release

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter to attend the Rivercrest Elementary Basketball **Camp**. In order for him/her to receive the necessary **medical** treatment in the event of an injury or illness, I hereby authorize Rivercrest Basketball Camp to obtain **medical** treatment for her for such injury or illness during any event, and I hold Rivercrest High School and their representatives harmless in the exercise of this authority. I further acknowledge, understand, and agree that in participating in this event there is possibility of injury or illness by her participation. I assume full financial responsibility for such treatment.

Date _____ Parent/Legal Guardian: _____

Please Circle One Shirt Size: Youth XS S M L
Adult S M L XL

Clinic Fee--\$35

This form along with payment must be returned by May 4th in order for your child to participate.

