

SESSION (CIRCLE): POST/PERIMETER DAY BB

GREYHOUND BASKETBALL CAMP MEDICAL INFORMATION

PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE TO THIS FORM

Camper's Name: _____

Street Address: _____

City: _____

Circle: Male Female Age at Camp: _____ Birth Date: _____ Soc Sec # _____

Parent(s) Name(s): _____

Home Phone: (____) ____ - ____ Business Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____
(Indicate Which Parent) _____ (Indicate Which Parent) _____

Other Emergency Phone: (____) ____ - ____ Email Address _____

Family Medical Insurance Information: **Attach copy to form or copy on the back**

Important Medical Information: _____

(Allergies, Medications,
Special Conditions, etc.)

Parents' Consent: (Mail with balance or turn in upon day of registration)

I hereby give consent for my son/daughter, _____ to participate in all activities at Greyhound Camps. I also declare the above named to be in good health as determined by a doctor at a recent physical. I hereby give the Greyhound Camps permission to render such medical and hospital care as, in their judgment, may seem advisable for my child.

Parent or Guardian Signature: _____