

John Swickrath's Basketball Camp Application

Please complete this form for each child attending camp and send it with their nonrefundable \$50 camp deposit to:
John Swickrath's Basketball Camps 4508 Stony River Cove Owensboro, KY 42303

Day Camp: June 14-June 18
at Timberlake Christian High School
\$125 per camper

Day Camp: July 19-July 23
at Timberlake Christian High School
\$125 per camper

Day Camp: June 26-July 30
at Timberlake Christian High School
\$125 per camper

** Discounts are available for campers who attend both weeks and for families with multiple children attending camp.

Camper's Name _____

Mailing Address _____

City, State, Zip _____

Male/Female: _____ Grade (Fall of 2010) _____ Age as of June 1, 2010 _____

Parent/Guardian's Name _____

Phone No. (day) _____ (cell) _____

Parent/Guardian's Email _____

School Name _____

Circle T-shirt Size: Youth M Youth L S M L XL XXL

Camp Payment and Registration

Make checks payable to John Swickrath.

At the time of registration you may pay in full or you can send in a \$50 nonrefundable deposit for each child attending camp and pay the remaining balance the first day of camp.

Mail this camp application, medical form, and payment to:

**John Swickrath's Basketball Camps
4508 Stony River Cove
Owensboro, KY 42303**

Medical Information

This form is to be filled out by a parent or guardian before a camper can participate.

Camper's Name _____

Birth Date _____ Age _____

Parent's Name _____

In emergency notify _____ Ph. _____

Name of Insurance Company _____

Policy Number _____

Policy Holder's Name _____

Address of Insurance Company _____

City, State, Zip _____

List all medications camper is currently taking _____

List all medical conditions currently under treatment _____

Is camper allergic to any medications or foods? If yes, please list. _____

I hereby state that John Swickrath's Basketball Camp and Timberlake Christian High School are not responsible for any preexisting injury or recurrence of any undisclosed preexisting injury or illness of the above camper prior to the first day of camp. I indemnify and hold harmless the John Swickrath's Basketball Camp and Timberlake Christian High School, as well as its representatives, from any claims for personal illness or injury that my child may sustain during camp. I hereby give my consent for the player above to be treated for injuries and medical problems.

Signature of Parent/Guardian

Date