CAMP APPLICATION 2016

NAME _____ AGE _____ PHONE _____

STREET _____ CITY _____ STATE _____ ZIP _____

SCHOOL _____ **GRADE** in fall of 2016 _____ (important!!)

Is this a "first time" camper? Yes No

Please Circle: Adult T-Shirt Size S M L XL
Youth T-Shirt Size S M L

PARENT/GUARDIAN NAME _____

WORK PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

BOYS' WEEKS

( ) July 11 – July 15 ($150) – Entering Grades 7-9 (8:30 AM – 3:00 PM)

$20 Discount per child if 2 or more members of the same family attend camp
(Name of sibling: _____)

Total Amount Due: _____

No child's application will be considered for enrollment until we have received **ALL** of these required forms!!!

- ☐ I have enclosed my check for full payment
- ☐ I have enclosed the mandatory Emergency Form
- ☐ I have enclosed my child's most recent physical
  (Dated within 24 months of camp participation)

I understand that my child **will not be** considered for enrollment until our application package is COMPLETE!!!
I understand that once my child's application is accepted - THAT THERE WILL BE NO REFUNDS FOR ANY CANCELLATIONS MADE WITH LESS THAN A ONE WEEK NOTICE - and that $50 is non-refundable for any cancellations made with more than a 1 week notice!

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

4 Gagnon Circle ▪ Nashua, NH 03062 ▪ Phone: 603.566.8535 ▪ mjsoucy@comcast.net

BASKETBALL

Emergency Form

HEALTH INFORMATION

Athlete's Name _____ DOB _____ Grade _____

Mailing Address _____

Street Address _____ Home Phone Number _____

Athlete Lives With: ( ) Father ( ) Mother ( ) Both Parents ( ) Other

Father's Name _____ Home# _____ Work# _____

Mother's Name _____ Home# _____ Work# _____

Father's Cell Phone # _____ Mother's Cell Phone #: _____

In the event that the parent/guardian is unable to be reached, please list two people whom you designate to assume responsibility for your child's health care in an emergency or non-emergency.

1. _____ Home Phone # _____ Work Phone # _____

2. _____ Home Phone # _____ Work Phone # _____

Family Health Insurance Firm _____ Policy # _____

Address _____ City _____ State _____ Zip _____

Family Physician _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Allergies _____

Current Medications _____

Current Medical Conditions _____

Past Medical Conditions _____

PERMISSION REQUEST

Name of Athlete _____

Please enroll my child in the basketball camp. I hereby release the Hollis Brookline High School, its employees, officials and agents from any and all liability or loss or damage to personal property that my child or I may experience in connection with activities sponsored by Hollis Brookline High School. I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reach and my child has sustained an injury. The High School does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience and tolerance for risk before participating in any program. I also consent to the use of my child's photo, and/or video.

Parent/Guardian _____ Date _____

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