

**TOWN OF RUSH RECREATION DEPARTMENT**

**2011 Spring Basketball Camp**

Tuesdays 4/26/11-6/7/11 (No camp May 17<sup>th</sup>) 7-9 yrs old

Fridays 4/29/11-6/3/11 9-12 yrs. old

6:00PM-7:30PM

Cost: Resident \$60.00 and \$65.00 non-resident

This form must be completed for each participant.

Participant Information

Participant name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parental/Guardian Information

Mother/Guardian Full Name: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Father/Guardian Full Name: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact (if different from parent/guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of Designated Adults authorized to pick up participant

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Does this child have any conditions we should be aware of? Yes No

If yes, please list: \_\_\_\_\_

I, the [parent] [legal guardian] of the child named on the registration form, who is enrolling in the Rush Basketball Camp, give my approval to his/her participation in activities related to this program. I acknowledge that I fully understand any and all risks which are or may be associated with this program and the child's participation in such program and activities. I represent to the Town of Rush and the Rush Recreation Program that I know of no medical condition which could or should prevent the child from participating in said program.

I further, hereby release, indemnify and hold harmless the Town of Rush and the Rush Recreation Program's respective officers, employees, officials, boards, commissions, committees, and any members of the same and the instructors and counselors, conducting or taking part in the program. In the case of injury to my child, I hereby waive all claims against teach and all of the above-mentioned persons or entities. I likewise waive, to the extent not covered by liability insurance, any claim against any person, or entity, transporting my child to or from the activities. **PLEASE BRING YOUR CHILD TO SIGN THEM IN AND OUT OF THE PROGRAM. DO NOT DROP OFF YOUR CHILD AT THE FRONT DOOR OF THE SCHOOL.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_