

Camp Registration

Name: _____
Grade (Fall 2018): _____
School Attending: _____
T-Shirt Size _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____
Emergency contact: _____
Emergency phone number: _____
Parent email: _____

Circle the sessions you wish to attend:

Basketball Camps (July 16-19)

Fundamental: Grades (1-4) 10am-12pm
Developmental: Grades (5-8) 1pm-3:30pm

To receive a T-shirt registration is due July 6th.

Complete the information and mail to:

Baptist Regional School
300 Station Ave.
Haddon Heights, NJ 08035
Attn: Summer Sports Camp

Parent/Guardian Statement

I consent to have my son/daughter participate in BRS summer camp activities. In the event of an emergency requiring medical attention I expect every reasonable attempt to be made to contact me. In the event I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending director of camp. This includes transfer of my son/daughter to a qualified medical facility.

This authorization does not cover major surgery unless formally decreed by a licensed physician or dentist. I agree not to hold the school or anyone acting on its behalf responsible for an injury occurring to my son/daughter in the course of camp whether, as a result of my son/daughters negligence, the negligence of others, or the negligence of the school.

I acknowledge and accept that there are risks of physical injury involved in summer camp participation which may result in permanent paralysis/mental disability/death.

Parent/Guardian Signature

Campers Name Date

Is the camper taking any medications? List below.