

BSNY Kids Camp Medical Form

Camper's Information

Camper's Name		Age	DOB (mm/dd/yy)	Sex M/F
Address	City	State	Zip	Home Phone

Contact Information

Parent's Name		Work Phone	Cell Phone
Parent's Name		Work Phone	Cell Phone
Emergency Contact Name (first & last)	Phone #	Relation to Camper	

Medical Information

Pediatrician's Name	Pediatrician's Phone #
Any recent operations, illnesses, or injuries of note	
Other limitations or allergies?	
What treatment is required?	

PRESCRIPTION DRUG POLICY

*BSNY will not dispense prescription medication.

Parent's Signature & Liability Waiver must be signed before your child participates in any BSNY activities

Release agreement: I, the parent or guardian of the below-mentioned child hereby consent to his/her participation in the BSNY program. I certify that he/she is in good health and able to participate in all activities and in the case of emergency affecting my child, I hereby give permission for physician or hospital designated by BSNY to administer treatment to my child. I (am/am not) enclosing a note explaining any physical limitations and required medicine. In consideration of BSNY accepting this registration and permitting the participation of said child, which I believe would be educational, physical and beneficial, I hereby release, discharge, indemnify and hold harmless BSNY its officials, coaches and representatives from any and all claims, actions and liabilities arising out of or in connection with the child's participation in any aspect of BSNY. I also give permission to BSNY to use photographs and/or endorsements of above named child and/or parents in its future brochures, websites or promotional material.

By signing this release, I understand that BSNY does not give refunds for missed camp days or cancelled registrations

Signature (parent or guardian) _____ Date _____

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BASKETBALL STARS



OF NEW YORK