



THAD YOUNG HOOPS TRAINING CAMP (presented by VMG Athletics)
June 27-July 1, 2011 · Competitive Edge Sports

CAMPER REGISTRATION FORM

Please submit one form per camper.

CAMPER INFORMATION:

Child Name _____

Child Date of Birth _____ Age _____ Boy Girl

Parent/Guardian #1 Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-Mail _____

Parent/Guardian #2 Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-Mail _____

EMERGENCY CONTACTS:

Emergency Contact Name _____

Relationship to camper _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-Mail _____

Alternate Emergency Contact Name _____

Relationship to camper _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-Mail _____

PICK-UP AUTHORIZATION:

The following individual/individuals is/are authorized to pick up my child during camp week:

NAME	RELATION
_____	_____
_____	_____



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Health Insurance and Participant Release

CHILD'S NAME: _____ DATE OF BIRTH: _____

UNDERSIGNED RELATIONSHIP TO CHILD: _____

INSURANCE COMPANY: _____ GROUP#: _____

POLICYHOLDER: _____ POLICY#: _____

PHYSICIAN NAME: _____ PHONE: _____

ALLERGIES: _____

MEDICATION/DOSAGE: _____

I hereby represent and warrant that I have no knowledge of any physical or mental impairment that would affect my child's participation in all activities of the the Thad Young Hoops Training Camp (the "Program"). I further represent that there is and will be adequate health insurance coverage in force through July 1, 2011, and that such insurance will cover my child for any accident, injury or illness that may result from my child's participation in all Program activities.

I hereby authorize the Program staff to act in my absence in accordance with their best judgment in any emergency requiring medical attention.

I hereby forever release, discharge and hold harmless Thaddeus Young, Thaddeus Young Marketing, LLC, VMG LLC, and Competitive Edge Sports and all other operators and sponsors of the Program, and any of their respective agents, representatives, officers, employees, members and affiliates from and against any and all claims, damages, loss or expense for any illness, injury or damage, physical or otherwise, suffered by my child arising out of, or related to, my child's participation in the Program, including, without limitation, my child's travel to and from the Program.

Signature of Parent/Guardian: _____

Date: _____, 2011



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HEALTH AUTHORIZATION FORM

Please submit one form per camper.

In order to participate in camp activities, this form must accompany the registration.

We cannot register a camper without this information.

PHYSICIAN'S AUTHORIZATION:

To be completed by your family physician.

This is to certify that _____ (Child Name) was examined by me on _____ (Date) and that I found this individual to be physically able to participate in vigorous physical activities.

Limitations of Camper (if any)

Physician Signature _____ Date _____

Physician Printed Name _____

Address _____ City _____ State _____ Zip _____

Office Phone _____ Pager _____

PARENT/GUARDIAN AUTHORIZATION:

To be completed by parent or guardian should you choose not to obtain Physician Authorization.

This is to certify that _____ (Child Name) is physically able to participate in vigorous physical activities. I do not wish to have him/her examined by a physician, and as a result I will waive any responsibility that the Camp or any individual employed there may have as a result of any health issues involving _____ (Child Name).

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

E-Mail _____

MEDICAL INFORMATION:

Camper has the following limitations, allergies, or medical conditions:

Condition	Reaction	Treatment
_____	_____	_____
_____	_____	_____