

STEVE MIX BASKETBALL ACADEMY CAMP APPLICATION

PART 1: Camper Information

Camper Information

Camper's Name _____ Phone (____) _____

Address _____ E-Mail _____

City _____ State _____ Zip _____ School _____ T-Shirt Size YXL S M L XL XXL

Grade September, 2010 _____ Date of Birth _____ Age _____ Sex _____ Height _____ Weight _____

Camps you are registering for: Post _____ Perimeter _____ Competition Camp High School Boys _____ Girls _____

Junior High Competition Camp Boys _____ Girls _____

5/6th Grade Boys _____ Junior High Shooting, Ballhandling and Conditioning Boys _____

5/6th Grade Girls _____ Junior High Shooting, Ballhandling, and Conditioning Girls _____

High School Fall League Junior High Boys _____ Junior High Girls _____ High School Boys _____ High School Girls _____

Fall Shooting, Ball handling and Conditioning Program _____

Parent/Guardian Information

Parent/Guardian Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____ Work Phone _____

PART 2: Medical/Emergency Information

This medical and insurance form must be completed to allow your son/daughter's participation in the Steve Mix Basketball Camp. Please fill out the information below and return it with your application.

In Case of Emergency Contact _____ Phone _____

Alternative Emergency Contact _____ Phone _____

We are asking you to authorize treatment of minor injuries or medical problems that may be advised or recommended for your son/daughter by the attending trainer. In the event of a serious injury or illness, we will proceed before contacting you only if the situation is urgent and does not permit delay.

I indemnify and hold harmless the Steve Mix Basketball Camp as well as The Basketball Academy and its representatives from any claims for personal illness and injury that my child may sustain during camp. I hereby give my consent for my child to be treated for injuries and medical problems.

Parent/Guardian Signature _____ Date _____

If insured, please complete the following:

Name of Insurance Company _____

Address of Insurance Company _____

Policy Certificate Number _____ Policyholder's Name _____

Relationship to Camper _____

Please note below any special medical considerations concerning your child (current medications, allergies, injuries, etc.). Please notify us of any changes in this information. _____

Make checks out to the Basketball Academy: Please send to Steve Mix, 25743 Willowbend Rd, Perrysburg, OH 43551