

# CAMP APPLICATION

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_



*Questions? Please email Eric Sebastian at: [eric.sebastian@memphis.edu](mailto:eric.sebastian@memphis.edu)*

Make a deposit to the camp bank via credit card for use at the camp store

CHECK APPROPRIATE BOX TO ENROLL FOR CAMP(S)

**JUNE 1-4 • JEWISH COMMUNITY CENTER • DAY CAMP TUESDAY-FRIDAY • \$205**

**JUNE 7-10 • FINCH CENTER • DAY CAMP MONDAY-THURSDAY • \$205**

**JUNE 14-17 • BARTLETT HIGH SCHOOL • DAY CAMP MONDAY-THURSDAY • \$205**

**JUNE 21-24 • FINCH CENTER • DAY CAMP MONDAY-THURSDAY • \$205**

**MUST BE ENCLOSED WITH APPLICATION:**

1. \$75.00 Non-refundable deposit (balance due June 1, 2010) • 2. Completed Health Form (below)
- Refunds (less non-refundable deposit) for medical emergency only! (no exceptions)
  - Make check payable to: **JOSH PASTNER BASKETBALL ACADEMY** (returned check fee \$25)
  - Mail application and check to: **JOSH PASTNER BASKETBALL ACADEMY**

570 NORMAL ST. ROOM #230 • MEMPHIS, TN 38152

Name of Physician \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Any known allergies \_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_

Medications camper will bring \_\_\_\_\_

Family medical insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

*NOTE: It is important if an injury or illness occurs that the information concerning your health insurance (policy number and name of your insurance company) is readily available to the camp director or the medical facility that is used. (Camp insurance is secondary to any personal health coverage.)*

### PHYSICIAN'S STATEMENT

I hereby certify that I have examined \_\_\_\_\_ and found them physically fit to participate in the Josh Pastner Basketball Academy and that I know of no physical impairments which would in any manner limit their participation in such a program.

Signed (physician) \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

**Purpose:** To enable parents or guardians to authorize the provision of emergency treatment for children who become ill or injured while attending the Josh Pastner Basketball Academy. In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the camp director or athletic trainer to secure medical help for my child. This authorization does not cover major surgery unless the medical opinions of two licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signed (parent or guardian) \_\_\_\_\_ Date \_\_\_\_\_

### CAMP ACTIVITIES AUTHORIZATION

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Josh Pastner Basketball Academy, and its staff, officers, agents, employees, representatives, successors and assignees of and from all rights and claims for damages, injuries or losses of personal property which may be sustained or occur during participation in camp activities or while at camp.

Camper's name \_\_\_\_\_

Signed (parent or guardian) \_\_\_\_\_ Date \_\_\_\_\_