

# Brian Beaury Basketball Camp Application Form 2019

## Full Day Camps : ages 7-17

Monday-Friday 8:30-4:30pm

Check Appropriate Choice(s)

## Junior/Half Day Camp:

Monday-Friday 8:30-12noon

## **Junior Half Day Camps for boys or girls ages 5-7:**

\_\_\_ Junior Half Day 7/15-19

\_\_\_ Junior Half Day 7/22-26

\_\_\_ Junior Half Day 7/29-8/2

## **Full Day Camps for boys or girls ages 7-18:**

\_\_\_ Full Day 7/15-19

\_\_\_ Full Day 7/22-26

\_\_\_ Full Day 7/29-8/2

\*We will accept applications until all programs are full.

**Camper Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade in Fall '19** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Years Playing Experience** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Home #'s** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact (if different than parent/guardian):**

\_\_\_\_\_

**Home # ( )** \_\_\_\_\_ **Cell # ( )** \_\_\_\_\_

**Teammate(s) Requested\***

\_\_\_\_\_

\*When possible and appropriate we will group campers as requested

## Existing Medical History:

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## Allergies:

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## Present Medication:

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## Liability Waiver

I've read the Frequently asked questions and agree to allow my child to participate in the Brian Beaury Basketball Camp. Participation in any sport may cause physical injury including, but not limited to sprains, strains, contusions, fractures, dislocations, ruptures, herniations, lacerations and concussions. In the event of an injury, I authorize the athletic trainer, nurses, doctors, camp staff and emergency personnel to administer first aid or care as deemed necessary. I understand that I am responsible for all medical expenses. I also grant permission for my child to appear in program photos or videos. I hereby release The Brian Beaury Basketball Camp, The Camp Staff, The Rensselaer City School District, its' staff, officers, agents, representatives, employees, successors from any and all claims for damages to person or property, while my child is engaged in activities, or while at camp sites.

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Parent/ Guardian Signature

Date

Mail with payment to:

Brian Beaury Basketball Camp

PO Box 441

Latham NY 12110