

# 2010 Liberty Christian Basketball Camp

## Parental Consent Form

Campers Name \_\_\_\_\_ Age \_\_\_\_\_

Grade Entering \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Telephone \_\_\_\_\_

Please list any medical information you believe the camp coaching staff may need to know (include medicines if you believe that information is important)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please read the statement below and sign:*

The undersigned, being a parent or legal guardian of the child requesting Liberty Christian Basketball Camp admittance, does hereby affirm that the applicant is in good health, and suffers for no illness, disability or condition that requires the taking of any medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in rigorous physical activity.

I understand the nature of this camp and give my permission for \_\_\_\_\_  
to attend and participate in all activities of the camp. (campers name)

In case of injury, I give Liberty Christian School personnel my permission to provide necessary medical treatment including hospital emergency room treatment and treatment by a physician of choice.

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**This form must be completed and returned on or by the first day of camp**