



**DAN PRETE BASKETBALL CAMP LLC
2019 CONSENT/EMERGENCY CONTACT FORM**

CAMPER INFORMATION

Name of Camper: _____ Age: _____

CONTACT INFORMATION

Parent/Guardian Name: _____

Phone: (Home): _____ (Cell): _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone: (Home): _____ (Cell): _____

Relationship to Camper: _____

MEDICAL INFORMATION

Medications Taken Regularly: _____

Allergies: _____

Special Needs: _____

AUTHORIZED CAMPER PICK-UP

I authorize the following person(s), in addition to myself, to pick up the above camper

Full Name/Relationship to Camper:	Contact #:
_____	_____
_____	_____

CONSENT/EMERGENCY CONTACT FORM PARENT/LEGAL GUARDIAN CONSENT

I, _____, by signing this consent hereby authorize the staff of the Dan Prete Basketball Camp LLC to act according to their best judgment in any emergency requiring medical attention. I hereby waive and release the camp facility (Bishop Walsh School) and Dan Prete Basketball Camp LLC and staff from any and all liability for any injury or illness suffered prior to or while at the camp. I have no knowledge of any physical impairment that would affect my child's participation in the camp. I also understand that I am responsible for camp fees and there will be no refund made for reasons of absence, illness, withdrawal, or suspension. I also agree that the Dan Prete Basketball Camp LLC and staff may take pictures/video of my child participating in camp activities and may use any such pictures/video in any and all future promotional/advertisement materials or publications without compensation and without my further consent.

Signature of Parent/Guardian _____ Date _____