

Holmes Lady Bulldogs Summer Basketball Camp

Student Registration Form



REGISTRATION INFORMATION

Student's Full Name: _____ | Grade: _____ | School: _____
Date of Birth: _____ | Primary Language: _____
Parent/Guardian Name: _____ | Relationship to Student: _____
Home Address: _____
City: _____ | State: _____ | Zip Code: _____
Home Phone: _____ | Work Phone: _____
Cell Phone: _____ | Email: _____

EMERGENCY/MEDICAL INFORMATION

If I cannot be reached in the event of an emergency, the following persons are authorized to act in my behalf:

Name: _____ | Phone: _____ | Relationship to Student: _____
Name: _____ | Phone: _____ | Relationship to Student: _____
Physician's Name: _____ | Physician's Phone: _____

Does your child have any physical limitations or restrictions (special needs, allergies, medications, accessibilities, diet, etc.) we should know about? Yes No If yes, please explain: _____

DEPARTURE

At the close of camp each day, my child: (PLEASE CHECK ONLY **ONE** OPTION)

Will walk home alone.

Will be picked up from Holmes. (**PLEASE NOTE:** We will not release the child until picked up by an authorized adult. Authorized adults must present photo identification when picking up a student.)

Please list those individuals authorized to pick up your child from camp:

Name: _____ | Phone: _____ | Relationship to Student: _____
Name: _____ | Phone: _____ | Relationship to Student: _____

PERMISSION

By signing below, I acknowledge and give permission:

- For my child to take part in activities of the Holmes Lady Bulldogs Summer Basketball Camp.
- If a medical emergency arises, staff may take all steps necessary to ensure the safety of my child and all participants, including calling a public emergency vehicle for transport to an emergency facility. If a health condition currently exists or one would arise, which would impact the participation of my child, I will contact school staff immediately.
- Covington Independent Public Schools has unlimited permission to use, publish, and republish my child's photograph or video image for purposes of promoting the mission of the organization(s) with or without identification of my child by name.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

