



**Saturday Inclusion Basketball Camp
Registration Form
July 24th , 31st , & August 7th , 2021**

Child Information: Name: _____ Date: _____
Age: _____ Grade _____ Gender: _____ Birthdate: _____
Address: _____ City _____ Zip: _____
Phone: _____ School _____ T-shirt _____

Parent/Guardian Info:

Parent/Guardian #1 Name: _____
Cell: _____
Email address: _____
Emergency Contact: _____
Phone: (_____) _____

IDENTIFY ANY SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS OF YOUR CHILD.

(Write "none" if none.)

Dietary modifications/allergies: _____

Current medications: _____

Chronic/recurring illness: _____

Seizures: _____ Asthma: _____

Other medical conditions: _____

Physical disability: _____

Behavioral/developmental disorder or diagnosis: _____

List any activities from which your child should be exempted for health reasons:

About your child: Language: Easy to understand _____ Follows directions _____ Conversational _____

Interests: Favorite activities/topics: _____

Temperament: Manages frustration okay _____

Aggression _____ May run away _____ Gets along with others _____

Handles transition/changes _____

Self-help skills: Independent self-care? _____

What else should I know about your child? _____

Insurance: It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all Nassan's Place activities.

Please complete in case of emergency:

Child's Physician: _____ Phone: _____

Address: _____

AUTHORIZATIONS

Participation: I give permission for my child to participate in all activities of Nassan's Place "Saturday Inclusion Basketball Camp".

Video/Pictures: I hereby give consent and authorize the release, publication, dissemination, distribution, use and or reproduction of any and all photographs/videos taken of my son/daughter during the "Saturday Inclusion Basketball Camp" by a volunteer(s), employees, agent, or representative of Nassan's Place, Inc. The photographs/videos will be used on any of the following:

Website, Brochures, Newspaper Releases and Videos.

This Release and Authorization acknowledges that all photographs, negatives, positives, prints and video shall constitute the property of Nassan's Place, Inc and may be used by Nassan's Place, Inc without any compensation or further notice to me.

Medical Treatment: I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by program facilitators. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Release from Liability: Recognizing that Nassan's Place will do its best to ensure a safe experience, I understand that accidents may occur from my child's participation in program activities. I agree to assume these risks. By signing below, I release Nassan's Place, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in Nassan's Place activities.

Payment:

\$35 per Saturday for 3 weeks plus \$15 registration fee equals \$120

\$50 due first day of program which includes \$15 registration fee and \$35 is due at the beginning of each session unless other arrangements are made with Executive Director.

Payment can be made by cash, check, or money order.

Please note: If child will not be attending program you must notify within 48 hours before scheduled Saturday or you will be responsible for payment. (Emergency situations will be handled on case-by-case basis and at the discretion of the Executive Director).

I have read and understand the above and have completed this form to the best of my ability.

Signature of parent or legal guardian:

_____ Date: _____

The following information is required for your child to be released to anyone other than you.

List all persons, (other than both parents/guardians) authorized to pick up child:

Name _____ Address _____

Phone _____ Relationship to Child _____

Name _____ Address _____

Phone _____ Relationship to Child _____