



July 13-18, 2012 REGISTRATION FORM

Date ____/____/____

CAMPER NAME _____ MALE FEMALE

ADDRESS _____

CITY _____ State _____ Zip _____

HOME PHONE ____/____ E-MAIL _____@_____

PARENT or GUARDIAN _____
Emergency Numbers

WORK ____/____ CELLULAR ____/____

SCHOOL ATTENDING _____ GRADE _____

DOB _____ AGE _____ HEIGHT ____/____ Wt. _____

SHIRT SIZE Small Med, Large X large XX Large

Make check out to

Mail to

Kenny Smith Carolina Basketball Camp
16 Bellgrove Drive
Mahwah, NJ 07430

Name on card _____

Card Number _____ Exp Date ____/____

Address _____

Total \$ _____

Signature _____

Registration Fee Paid in full
() \$ 485.00 Day Camp
() \$ 695.00 Resident Camp

Registration Deposit
() \$ 100.00 Day Camp
() \$ 100.00 Resident Camp

Security Deposit.....\$75.00 Security Deposit

A \$75 security deposit is required in a form of credit card Capture or a personal check.
The check will not be deposited unless your camper loses his/her room key or incurs damages



UNC, Chapel Hill, N.C.

Date _____

2012 MEDICAL STATEMENT

To be completed by parent or guardian, please print.

CAMPER NAME _____ DOB _____ Age _____

ADDRESS _____ City _____ State _____ ZIP _____

Mother Information		Father Information	
Name		Name	
Phone		Phone	
Cell		Cell	
Email		Email	
Other Emergency Numbers	Name	Relationship	

Medical History		Yes	No	Medical History		Yes	No
A	Asthma			E	Currently using drugs or medication		
B	Allergy to drugs, food or medication			F	Prolong Illnesses of one week or more		
C	Birth Deformities			G	Contact lenses or glasses		
D	Pre-existing injury currently under treatment			H	Medical conditions currently under treatment		

List all drugs and medication currently being used and other comments to yes here:

Please note: there are no facilities available for the disposal of medication or hypodermic needles.

INSURANCE INFORMATION

Insurance Provider _____ Policy Holder Name _____

Policy Number _____ Group Number _____

PARENTAL CONSENT

The law requires that parental permission be obtained for operative procedures on minors. The parent should sign the following consent form so that such procedures may be carried out in the event of an emergency without delays to operative procedures. No operation will be performed, except in emergency, without parents being contacted and fully informed.

I _____ Parental/Guardian of _____

Give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter. I hereby state that The Kenny Smith Carolina Basketball Camp is not responsible for any pre-existing injury or recurrence of undisclosed injury or illness or the administration of any medications of the above individual.

Date _____ Signature _____

Date _____

2012 PHYSICIAN'S STATEMENT



I hereby certify that I have examined _____ and found him/her physically fit to attend and participate in the Kenny Smith Carolina Basketball Camp and I know of no impairments or medical needs, which would limit his/her participation in all activities in the program.

Vaccine Seasonal Flu H1N1 Flu Other _____ None

Date of last Tetanus _____ MMR#1 _____ #2 _____

Date Examined _____
Physician _____

Signature _____ Date _____

Printed name of
MD _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Physician's Comments

Photography Release Form



This letter confirms the agreement between you and *The Kenny Smith Carolina Basketball Camp* regarding your participation in the *July 13 thru July 18, 2012* Kenny Smith Carolina Basketball Camp activities in which you may be photographed or videotaped (Property) from time to time.

You hereby irrevocably grant to *The Kenny Smith Carolina Basketball Camp* perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of you as a result of your participation in approved activities of *The Kenny Smith Carolina Basketball Camp*

You hereby agree that you will not bring or consent to others bringing claim or action against *The Kenny Smith Carolina Basketball Camp* on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. You hereby release *The Kenny Smith Carolina Basketball Camp*, its directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against *The Kenny Smith Carolina Basketball Camp* in connection with the Property.

This agreement shall not obligate *The Kenny Smith Carolina Basketball Camp* to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. *The Kenny Smith Carolina Basketball Camp* shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm or corporation.

AGREED TO AND ACCEPTED this _____ day of _____, 20____

Print Name Of Participant

Signature of Parent or Guardian

Print Name Here