

## East Pennsboro Developmental Boy's Basketball Camp Application

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Child's Name

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Address

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City

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State

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Zip Code

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Home Phone #

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Work Phone #

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Email

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Emergency contact person and #

Entering Grade: 3<sup>th</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>

Shirt Size (Adult)--- S, M, L, XL

### Health Information:

Insurance #: \_\_\_\_\_

Health Conditions I need to know about:

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Any medications he is on: \_\_\_\_\_

**GENERAL LIABILITY WAIVER**

I, the undersigned parent of \_\_\_\_\_,  
in consideration for the participation of my child in the East Pennsboro Boy's Basketball Camp under the supervision of the camp staff will not hold East Pennsboro Township, the East Pennsboro Boy's Basketball Camp Staff or Coaches responsible for any damages, losses, or injuries that might result in my child's participation in the camp. In making this forgoing statement, I hereby assume the risk of such program and do so willingly with respect for my child. I hereby grant permission for the camp staff to secure medical services for the above child, if necessary.

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PARENT OR GUARDIAN SIGNATURE

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DATE