

Panthers Basketball Camp 4th – 8th
June 9-13 -- 10:00 am -12:30 pm
2008 Registration Form

Camper's Name _____

Grade camper is going into _____

Parent/Legal Guardian _____

Address _____

City/State/Zip _____

Phone (home) _____

Phone (Work/Cell) _____

Emergency Contact/Phone _____

Please circle camper's shirt size below

Youth: small - medium - large OR Adult: small – medium – large - x-large

Known allergies or medical conditions: _____

Medical insurance company: _____

Policy number: _____

I hereby register my son/daughter in the Panthers Camp. I authorize the directors of the Panther Camp to act for me accordingly to their best judgment in any emergency requiring medical attention. I know of no mental or physical problems, which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other charges in connection with his/her attendance at camp. I release and hold harmless the Panther Camp, Portland Adventist Elementary, Oregon Conference of Seventh-day Adventists, and its employees, from any and all liability that may arise out of my son's/daughter's participation in this camp. I have read, understand, and agree with the conditions of this registration.

Signature of parent or legal guardian

Date