

Princeton Recreation Department

2023 Summer Boys Basketball Camp

PARENT/GUARDIAN Info (PLEASE PRINT)	PARTICIPANT Info (PLEASE PRINT)
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____	Date of Birth: _____
City, State, Zip: _____	Age: _____
Primary Phone #: _____	Gender: _____
Primary Email: _____	Grade: _____
Date of Birth: _____	School: _____
	T-Shirt Size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL

Boys Basketball Camp

Eligibility: Open to boys, rising 4th-9th grade; Princeton residents, Cranbury residents and nonresidents that attend school in Princeton; Other nonresidents will go on a waiting list and be added later if space is available.

Description: full day camp- Daily activities will include “station” work on specific basketball skills, games and individual & team competitions.

Camp Director: Pat Noone and PHS Basketball Players

Date/Time/Location: Week 1: June 26 – June 30 @ Princeton High School from 9am-3pm

Week 2: July 17 – July 21 @ Princeton High School from 9am-3pm

Fees: Princeton Residents: \$154

Cranbury residents and nonresidents that attend school in Princeton: \$254

SPACE IS LIMITED!

<input type="checkbox"/> Week 1: June 26 – June 30 <input type="checkbox"/> Week 2: July 17 – July 21
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Financial Aid is available to Princeton Residents.

Payment Method:

Check # (Make checks payable to Princeton Recreation Department): _____

Cash Receipt #: _____

Credit Card #: _____ Mastercard, Visa, or Discover (circle one) Expiration Date: _____

CVV#: _____ Zip _____

380 Witherspoon Street, Princeton, NJ 08540

609-921-9480

Princetonrecreation.com

MANDATORY MEDICAL FORM & WAIVER →

Princeton Recreation Department – 2023 Summer Boys Basketball Camp

Emergency Medical Form (TO BE COMPLETED BY PARENT/GUARDIAN)

PARENT/GUARDIAN Info (PLEASE PRINT)	PARTICIPANT Info (PLEASE PRINT)
Last Name: _____ First Name: _____ Contact #: _____ Last Name: _____ First Name: _____ Contact #: _____ Permission to walk/bike home from clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ Additional adults who have permission to pick up your child and transport them home: _____ _____ _____	List all food & other allergies: _____ _____ Restricted activities, if any: _____ Current medications: _____ Recent illness or surgery: _____ Note any physical or mental conditions to be aware of in case of emergency: _____ Please provide any other important Emergency Medical Information : _____ _____ _____

AGREEMENT TO PARTICIPATE, ACKNOWLEDGEMENT OF RISK, AND WAIVER OF ALL CLAIMS PLEASE READ CAREFULLY

I recognize that there are certain risks of physical injury inherent in _____ (minor's name) participation in this program, and in order to minimize these risks he/she agrees to obey all the rules and regulations, follow all safety procedures, and to obey any and all instructors, assistant instructors, and staff members assigned to this program.

I certify that he/she is in proper physical condition for safe participation in this program and agree that it is incumbent upon me or him/her to immediately inform a program instructor, assistant instructor, or staff member should his/her condition change at anytime during his/her participation in this program.

Because the Princeton Board of Parks & Recreation Commissioners – Recreation Department is a public entity, I recognize that my ability to recover damages from the Princeton Board of Parks & Recreation Commissioners – Recreation Department and its officers, agents, servants, and employees as a result of injury, death, or other loss that may be suffered due to my child's participation in this program may be limited by provisions of the Tort Claims Act (N.J.S.A. 59:1-1, et seq.).

By signing below, I acknowledge that I understand my and/or my children's responsibilities as outlined above and in addition, I understand that The Princeton Board of Parks & Recreation Commissioners maintains a no-refund policy, however, the Board reserves the right to make exceptions, only if the person has not participated in the program.

Parent or Legal Guardian (please circle one)

Signature: _____

Printed Name: _____ Date: _____