

# Princeton Recreation Department

## 2023 Summer Girls 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

### Girls Basketball Camp

**Eligibility:** Open to girls, rising 4<sup>th</sup>-9<sup>th</sup> grade

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

Camp Director: Dave Kosa and PHS Basketball Players

**Date/Time/Location:**

**Week 1:** July 10 – July 14 @ Princeton High School from 9am-3pm

**Week 2:** July 24 – July 28 @ Princeton High School from 9am-3pm

**Fees:** Princeton Residents: \$154

**Non-resident:** \$254

**SPACE IS LIMITED!**

<input type="checkbox"/> Week 1 July 10 – July 14 <input type="checkbox"/> Week 2 July 24 – July 28
--

**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 Girls Basketball Camp

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

PARENT/GUARDIAN Info (PLEASE PRINT)	PARTICIPANT Info (PLEASE PRINT)
<b>Last Name:</b> _____ <b>First Name:</b> _____ Contact #: _____  <b>Last Name:</b> _____ <b>First Name:</b> _____ 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: _____ _____ _____	<b>List all food &amp; other allergies:</b> _____ _____  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: \_\_\_\_\_