

HB Cavalier Softball Camp 2017

---PREREGISTRATION DEADLINE: June 21st---

Registration includes: this form, a health form (on back) and payment in the form of cash or check.

Please make checks payable to: HBHS Booster Club – Memo: Softball

RETURN ALL REGISTRATION MATERIALS TO:

Erin Robbins

24 CAVALIER CT. HOLLIS, NH 03049

Participant Name: _____

Age: _____ **Most recent grade completed:** _____ **Adult T-Shirt Size:** _____

Parent and Player Code of Conduct

We will:

- *Respect the instructors during all aspects of the camp*
- *Respect other participants through hard work and effort*
- *Take responsibility to apply information from the camp to achieve my personal goals*
- *Arrive on time and prepared for each session both physically and mentally*
- *Practice what I've learned at the camp on my own so that new skills can benefit my entire season*
- *Share my experiences with my coach, teammates and family*

For the safety of your child, only the following people may release your child from camp.

The Camp Director requires a valid photo ID (driver's license) for release of any camper.

The following people may pick up my child from camp with a valid photo ID:

1. _____ phone number: _____
2. _____ phone number: _____
3. _____ phone number: _____

Please enroll my child in the softball camp. I hereby release the Hollis Brookline High School, its employees, officials and agents from any and all liability or loss or damage to personal property that my child or I may experience in connection with activities sponsored by Hollis Brookline High School. I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reach and my child has sustained an injury. The High School does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience and tolerance for risk before participating in any program. By signing below, I verify that my child is physically able to fully participate in the Hollis Brookline Softball Camp, and has my permission to attend.

Parent/Guardian Printed Name: _____ **Date:** _____

Parent/Guardian Signature: _____

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Emergency Form HEALTH INFORMATION

Athlete's Name _____ DOB _____

Mailing Address _____

Street Address (if different from above) _____

Home phone number: _____ Athlete lives with: () father () mother () both parents () other

Father's Name _____ Email: _____

() Home # _____ () Work # _____ () Cell # _____
Please indicate which number is best for you

Mother's Name _____ Email: _____

() Home # _____ () Work # _____ () Cell # _____
Please indicate which number is best for you

Guardian's Name _____ Email: _____

() Home # _____ () Work # _____ () Cell # _____
Please indicate which number is best for you

In the event that the parent/guardian is unable to be reached, please list two people that you designate to assume responsibility for your child's health care in an emergency or non-emergency.

1. Name: _____ Phone _____

2. Name: _____ Phone _____

Family Health Insurance _____ Policy # _____

Address _____ City _____ State _____ Zip _____

Primary Care Physician _____ Phone _____

Known Allergies _____

Current Medications _____

Current Medical Conditions _____

Past Medical Conditions _____
