



Registration Form

Name and Location of Camp
SKILLS CAMP
UAF PATTY CENTER

| | | | | | |
|---|-------------------|-------|--|-------|--------------------|
| Athlete First Name | | MI | Last Name | | Gender |
| Mailing Address | | | City | State | Zip |
| What position do you play? | School Name | Grade | Adult T-shirt S M L XL 2XL | | |
| Parent/Guardian First Name | | MI | Last Name | | Spouse's Full Name |
| Parent Day Phone | Parent Home Phone | | Parent Cell Phone | | Parent Email |
| Health Insurance Company Policy Number | | | Pre-Existing Conditions | | |
| Name of Emergency Contact (other than parents) | | | Emergency Phone | | |
| How did you hear about Triple Threat Camps? (mark all that apply) | | | | | |
| <input type="radio"/> Brochure <input type="radio"/> Website <input type="radio"/> Friend <input type="radio"/> Coach <input type="radio"/> Ad <input type="radio"/> Event <input type="radio"/> Radio <input type="radio"/> TV <input type="radio"/> Other | | | | | |
| <p>1. I the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize and appoint the program directors and/or instructors as Attorneys in Fact and agents for the undersigned to consent to medical, surgical and/or dental examinations, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is understood that participation involves an element of risk and a danger of accidents. Knowing those risks, I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Triple Threat Hoop Camps from any and all liability resulting in injury associated with the camper's participation in this activity. I understand it is my responsibility to inform camp personnel of any medical conditions, allergies, food restrictions or any other special needs my son/daughter may have. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release.</p> <p>2. I give Triple Threat Hoop Camps full permission to use my child's photo in future promotional brochures, poster, and/or website.</p> <p>3. I have read and understand both Triple Threat Hoop Camps' Cancellation Policy.</p> <p>4. I give Triple Threat Hoop Camps full permission to transport the camper to other facilities as needed.</p> | | | | | |
| <input type="radio"/> Check circle if you do not want your child to receive over-the-counter medications at camp. (i.e. Tylenol, Advil, etc...) | | | Parent Signature (I have read and understand all four points above.) | | |

Make Checks Payable To:
\$250
 per player

Challenge Life Youth Foundation
 PO Box 83086 Fairbanks, AK 99708
 email Hajduke@mac.com Phone: 907-322-0626

OFFICE
 Date
 Check
 Amount