



Registration Form

Name and Location of Camp
TEAM 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: **Challenge Life Youth Foundation**
\$175 PO Box 83086 Fairbanks, AK 99708
 per player email Hajduke@mac.com Phone: 907-322-0626

OFFICE
 Date
 Check
 Amount

ALL PLAYERS/TEAMS MUST TAKE CARE OF HOUSING ARRANGEMENTS WITH UAF CAMPUS OR OTHER LOCATION