

REGISTRATION FORM

Camp is open to any and all entrants (limited only by number, age, grade level and/or gender).

School Name :

Coach :

Cell#

Email :

Coach Emergency Contact:

T-Shirt Size :

Cost \$250

Payment type : Cash

Check _____

TEAM ROSTER

[illegible]

2023 Camp Medical Release Form

Parents or Guardians: this form must be filled out, signed and returned with your child's _____ to attend camp.

MEDICAL RELEASE REQUIRED

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Participant's Name (please print):

Participants Date of Birth:

Parent/Guardian:

I give permission for my child to be treated by the appropriate medical personnel for any illness/accident while at camp.

ATHLETIC CAMPS ONLY: I verify that my child has received a physical examination (within the last year) and is able to participate in an athletics/sports camp.

The University has put in place policies and guidelines in response to the Public Health Emergency regarding COVID 19 All persons present on University owned property shall follow those policies and guidelines to the same extent as is required of University faculty, students and staff. Failure to comply may result in removal from University property without refund. For further information please see: <https://siu.edu/coronavirus/safety.php>.

I can be reached at:

Day:

Evening:

Home Address:

City/State/Zip:

Please indicate any special medical problems (medicine, injury, allergies or conditions of which we should be aware:

Do you have a disability that needs reasonable accommodations? If yes, please explain:

Parent/Guardian's Name (please print):

Date:

Signature of Parent/Guardian:

Date:

PHOTO RELEASE

OPTIONAL

I grant permission to the Board of Trustees of Southern Illinois University and its agents to make, use, copyright and publish news stories, photographs, video or audio recordings. I grant the right and permission to use the material, including reproduction in publicity releases, slide productions, web site, publications, television productions, or any other media. I also grant permission for representatives of news media to photograph/video my child for use in news stories about camp activities.

Participant Signature

Date

Parent/Guardian Signature

Date

Return this form to:

Women's Basketball

Mail Code 6620

Southern Illinois University Athletics

Carbondale, IL 62901

PHONE: (618) 5453-5448

claudiawalker@kbwnextstepllc.org

SIU Southern Illinois
University

CARBONDALE