

 **Foster's Fundamental Clinic** 
YOUTH BASKETBALL CLINIC REGISTRATION FORM

COMPLETE ONE FORM PER CHILD

Circle your participation week(s): Elementary (2ND-5th) Middle School (6th-8th) High School (9th-12th)

T-shirt Size: Youth: SM Med Large XL /Adult: SM Med Large XL 2XL 3XL

Participant's Name _____ Age _____

Address _____ Date of birth _____

City _____ State _____ Zip _____ Entering Grade _____

Parent/Legal Guardian's Name

Cell Phone _____ Work Phone _____

Email Address _____

IN CASE OF EMERGENCY

Contact # 1

Contact # 2

Name _____ Name _____

Address _____ Address _____

Home # _____ Home # _____

Cell # _____ Work # _____ Cell # _____ Work # _____

Participant's Allergies: _____

Participant's Medical Conditions: _____

*MEDICATIONS CANNOT BE GIVEN TO ANY CHILD OR ANYONE EMPLOYED BY THE FOSTER
FUNDAMENTALS CLINIC OR HEIRWAY CHRISTIAN ACADEMY OR ITS LANDLORDS.

Name of Participant's Physician _____ Physician's Telephone _____
.....

Foster's Fundamental Clinic

WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for _____ (participant's name) to participate and to be photographed for publicity purposes. I will not hold Micheal Foster, Heirway Christian Academy and/or its employees and landlords responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of Heirway Christian Academy.

COVID19 notice:

I am also aware that additional guidelines/rules must be followed according to the CDC guidelines for Summer Camps. Here are some of the guidelines:

- Campers will be dropped off at the door of the school, Parents are not allowed to enter the building.
- Camp groups will be limited to 10 or less participants.
- Signs will be posted throughout the building to promote protective measures
- Several sanitizing stations will be established for frequent use
- Campers will be given breaks to wash their hands throughout the sessions
- All equipment used by campers will be sanitized frequently.
- Campers are asked to bring their own water bottles, but there will be bottled water available.
- All snacks brought by campers or provided by camp sponsors will be pre-packaged items.
- If a camper becomes ill, that camper will be removed from the camp activity and placed in an isolated, designated area until they have been picked up by parent/guardian.

_____(initials)I certify that my child has not been exposed to any person(s) who have tested positive for COVID19

_____(initials)I also certify that my child has not had any symptoms of fever or flu-like symptoms in the last 14 days

Parent/Legal Guardian Signature

_____ **Date** _____

Child's Name: _____

Foster's Fundamental Clinic

FOR OFFICE USE ONLY

Amount Paid Weekly fee _____ **Registration Fee paid** _____

() Cash () Debit () Check # _____ **Received by** _____ **Date** _____