

sam perkins' carolina alumni basketball camp  
**2011 camp registration**

One camper per registration form, duplicate as needed

**CAMPER INFORMATION**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Preferred Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_  
T-shirt Size (adult sizes)  S  M  L  XL  XXL  XXXL  
How did you hear about camp? \_\_\_\_\_

**PAYMENT**

\$285 per camper

Full payment - \$285  
 Deposit - \$50  
*Balance of \$235 is due in full by July 11, otherwise camp registration will be cancelled. All deposits are non-refundable.*

**PAYMENT TYPE**

Check  Money Order

Amount enclosed: \$\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**MEDICAL HISTORY**

For the safety of each camper, the camp staff must have a complete medical history on each camper. Please list any pre-existing conditions that the camper may have (i.e. seasonal allergies, asthma, food allergies, prescribed medications, injuries currently under treatment, any illness currently under treatment, contact lens/glasses, etc.). Attach additional sheet(s) if needed.

**DOCTOR'S PERMISSION**

A physician's signature on this form will certify that the camper listed above is physically qualified to attend the 2011 Sam Perkins' Carolina Alumni Basketball Camp.

A note from a physician or a school physical from the 2010-11 school year may be used in lieu of the physician's signature on this form. **Please note, no camper will be allowed to participate without a physician's signature or current school physical.** This information must be on file with the camp staff before participation begins.

Physician's Name (please print) \_\_\_\_\_  
Physician's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**WAIVER STATEMENT & PHOTOGRAPHY RELEASE**

Each camper must have individual medical insurance/coverage. If no coverage, Sam Perkins' Carolina Alumni Basketball Camp can provide supplemental coverage, by request. Campers will not be allowed to participate unless the waiver information is fully completed and signed by a parent/guardian.

Insurance Provider \_\_\_\_\_  
Insurance Provider Address \_\_\_\_\_  
Insurance Phone Number \_\_\_\_\_  
Policy Holder \_\_\_\_\_  
Policy Number \_\_\_\_\_

I (we), the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper listed above. I (we) hereby give permission for Sam Perkins' Carolina Alumni Basketball Camp staff to seek, during the period of camp, appropriate medical attention for the camper listed above in the event of accident, injury or illness. I (we) will be responsible for any and all medical costs not covered by my (our) medical insurance.

I (we), the undersigned, hear by acknowledge and understand the Sam Perkins' Carolina Alumni Basketball Camp is a privately executed basketball camp, and is neither operated nor affiliated with The University of North Carolina. The camp is under sole control and supervision of Sam Perkins, camp director.

I (we), the undersigned, for ourselves, our heirs, executors and administrator, waive, release and forever discharge Sam Perkins' Carolina Alumni Basketball Camp, its staff, officers, agents, employees, representatives and or successors and assign from any and all liability claims, damages, actions and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage which may be sustained or occur during participation in Sam Perkins' Carolina Alumni Basketball Camp activities or while at camp, whether or not damages, injury, or loss is due to negligence.

I (we), the undersigned, understand that a photographer will be on site taking photographs during most camp sessions. Images will be used for camp publicity purposes (i.e. printed publications, our website and camp ads, etc.). All images will remain the property of the Sam Perkins' Carolina Alumni Basketball Camp and will be used for the designated purpose of promoting Sam Perkins' Carolina Alumni Basketball Camp and services.

Name of Parent/Guardian (please print) \_\_\_\_\_  
Parent/Guardian's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Fees and completed camp forms should be mailed to:**

**Sam Perkins' Carolina Alumni Basketball Camp  
1289 Fordham Boulevard, Suite 226  
Chapel Hill, North Carolina 27514**

**Campers cannot participate if we do not have a completed waiver, medical history and doctor's authorization on file.**