

Pacific Basketball League
Summer Camp Registration Form
June 20-23, 2022 at Sunset Rec Center

Name: _____
Grade in School (22-23): _____ Phone Number: _____
Mailing Address: _____
Gender: _____ Email: _____
T-shirt Size: (Youth or Adult available, please specify) _____
Indicate Session: Session 1 (9-11am) _____ Session 2 (12-2:30pm) _____

Insurance

I have insurance with _____
Policy # or ID # _____ and/or group # _____

Consent for Medical Care & Treatment

Please notify the undersigned parent or guardian as noted below in case of an accident, serious illness, or other emergency. In the event you are unable to notify me, I hereby authorize medical personnel to secure whatever medical or surgical care is deemed reasonably necessary. Also, the undersigned further agrees to guarantee payment, therefore.

Name or family physician _____ phone _____
Parent or guardian signature _____ date _____
Allergies or special medical conditions _____
Nearest relative or friend in case you cannot be reached:
Name: _____ Phone: _____

Waiver and Release of Liability

In consideration of being allowed to participate in the Pacific Basketball League summer camps, the undersigned acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death. Further, there may be other risks not known to us or not reasonably foreseeable at this time. The undersigned agrees to assume all the financial obligations following such injury, disability, or death. The undersigned releases and agrees not to sue Pacific Basketball League, their coaches, and directors from all liability. I/we have read the above waiver and release, understand that I/we give up substantial rights by signing it and sign it voluntarily.

Parent or Guardian Signature _____ Date _____

Make all checks payable to PBL, and mail to PBL, PO BOX 1015, Seaside OR 97138