



# SILVER LAKE SUMMER HOOPS



## BASKETBALL CAMP

To receive your registration confirmation, please ensure that you mail this form along with the following updated documents: Camp Registration Form, Physical/Immunization Form, Payment (in the form of a check or money order). Please note that none of these documents will be accepted via email; all must be sent together by mail.

RETURN TO: SILVER LAKE SUMMER HOOPS BASKETBALL CAMP  
C/O DIRECTOR, MR. DICK STEELE  
9 CLYDE O. BOSWORTH RD HALIFAX MA 02338

### STUDENT INFORMATION

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Today's DATE \_\_\_\_\_

Gender  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### CONTACT INFORMATION

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### MEDICAL INFORMATION

Do you have any medical conditions, allergies, etc. we should know about your child? If yes, please explain  Yes  No

\_\_\_\_\_

\_\_\_\_\_

Is your child requiring medication during camp? If so, please provide written consent for treatment along with the physician's order.  Yes  No

According to Federal and Massachusetts State Law, any medication that needs to be administered during camp must be accompanied by a licensed physician's order. This order must include clear instructions and be dated for the duration of the camp.

\_\_\_\_\_

\_\_\_\_\_

I hereby grant permission for the staff members of Silver Lake Summer Hoops Camp to administer first aid to my child as needed. I acknowledge that, to reduce the risk of COVID-19 transmission, SLSH staff will not be responsible for applying sunscreen to my child; therefore, I will ensure it is applied prior to their arrival at camp each day. Additionally, I release the Towns of Halifax and Kingston, as well as Silver Lake Summer Hoops Camp, from any liability for adverse events involving my child during their time at camp. Below, I have detailed all of my child's allergies and medications. Should my child require medication (such as an EpiPen, insulin, or oral medications) during camp, I will provide a letter of medical necessity from a licensed physician along with clear instructions for the SLSH medical staff regarding its administration. I also authorize SLSH medical staff to administer medication to my child as necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name