



PANTHER CAMP

Registration Form

Camper Name: _____

Camp Information

BASKETBALL

CAMPERS MUST BE AT LEAST 12 AT THE TIME OF REGISTRATION AND NO OLDER THAN 18 YEARS OF AGE

Boys & Girls Basketball - July 8 – August 8, Monday – Friday 8:00 am – 12:00 pm

VOLLEYBALL

CAMPERS MUST BE AT LEAST 12 AT THE TIME OF REGISTRATION AND NO OLDER THAN 18 YEARS OF AGE

Volleyball July 8 – August 8, Monday – Friday 1:00 pm – 5:00 pm

Please select from the following options:

_____ Co-ed Basketball Camp

_____ Girls Volleyball Camp

SUMMER CAMP TUITION & PAYMENT:

Choose from one, two or both available programs with discounts for siblings who also plan to participate.

Option I: Single participants choose from either of the following:

Coed Basketball: 8:00 am - 12:00 pm, \$150.00 per person

Girls Volleyball: 1:00 pm - 5:00 pm, \$150 per person

Both Programs: 8:00 am - 5:00 pm, 300.00 per person

Option II: Sibling participant discount: Choose from either of the following:

Coed Basketball: 8:00 am - 12:00 pm, \$125.00 per person

Girls Volleyball: 1:00 pm - 5:00 pm, \$125 per person

Both Programs: 8:00 am - 5:00 pm, \$250.00 per person

Payment is due at the time of camp registration.

Each camper will be evaluated to determine skill level and appropriate placement. The Panther Camp reserves the right to place all campers in the level i.e., Novice, Advanced after an evaluation by the assigned coaches. This is necessary to ensure safety as well as the overall experience of all campers.

Parent Initials: _____ Date: ____/____/____



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Camper Name: _____

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____
Child lives with: _____
Person responsible for payment _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem

Required treatment

Should paramedic be called?

Yes/No
Yes/No
Yes/No

Parent Initials: _____ Date: ____/____/____



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Camper Name: _____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the Baltimore City Community College Panther Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Baltimore City Community College and its affiliates.

Parent's/Guardian's Initials _____

Baltimore City Community College are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Director Signature: _____

Participation Consent Form

(REQUIRED)

Parent Initials: _____ Date: ____/____/____



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I, the undersigned*, hereby release discharge, indemnify, hold harmless and defend Baltimore City Community College, its officers, employees and servants from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against Baltimore City Community College due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2024 Baltimore City Community College Basketball or Volleyball Camp. In the event of any medical emergency, I authorize and consent for BCCC to act on behalf for medical care deemed necessary for the participant.

Name of Participant

Name of Parent

Medical Insurance Company

Policy Number

Family Doctor

Phone Number

*Parent Signature

Contact Phone Number

Date

Parent Initials: _____ Date: ____/____/____