

**YMCA of Martha's Vineyard Registration Form**  
**Registration over the phone can only be made after 8:30 a.m.**  
**BASKETBALL CLINIC Summer 2019**

Participant's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender \_\_\_\_\_

Parent's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Membership Type: Member Non-member  
(circle one)

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

**Basketball Clinic runs Monday through Friday 9:30 to 11:30 am for children ages 8-12 years old. Clinic taught by Coach Asil Cash. \$125 for members per session and \$150 general public per session.**

***Please indicate which Basketball Clinic sessions participant will attend:***

\_\_\_\_\_ July Session I: July 1-5 (no clinic on the July 4<sup>th</sup>)

\_\_\_\_\_ July Session II: July 22-26

\_\_\_\_\_ August Session I: August 5-9

\_\_\_\_\_ August Session II: August 26-30

Please list any allergies to bee stings, food, medications, etc: \_\_\_\_\_

Please list any medications (including inhalers) that the camper is on: \_\_\_\_\_

Please indicate if your child is under the care of a physician for any of the following conditions (circle all that apply):

Seizure Disorder

Ear infection/tubes

Diabetes

Convulsions

Insect Stings/Allergy/Sensitivity

Penicillin Allergy

Asthma

ADD/ADHD Other

Any recommendations and/or restrictions while at camp: \_\_\_\_\_

Any additional health information: \_\_\_\_\_

I give permission to use any pictures taken of my child during participation at camp for promotional purposes. I hereby give permission to the medical personnel selected by the camp to order x-rays, routine tests, and treatment for my child. In the event that I cannot be reached in an emergency, I also hereby permit the physician selected by the camp staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I also give permission for routine medical care for my child by the camp. This form may be photocopied for use off camp property.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_