



Basketball Camp Registration Form

2024

CAMPER DETAILS

Camper Name:		Date of Birth:	
Gender (select one)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Self describe:
School:	Grade Entering:		
Parent/Guardian Name(s):			
Address:	City:	State:	Zip Code:
Telephone (home):	(cell):	(work)	
Email:			

Camper Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

How did you hear about us?

Camp Sessions

Please indicate which camp sessions you are registering for. (Please note that there are no partial sessions. Check as many boxes as apply.)

- Session 1: June 17 - June 21 Session 2: June 24 - June 28 Session 3: July 22 - July 26
 Session 4: July 29 - August 2 Session 5: August 19 - August 23 Session 6: August 26 - August 30

Fees

Day Camper (\$395 tuition per session) 7-17 yrs old

Please return this registration form to camp@catsboston.com

An invoice and methods of payment information will then be sent.

Per the Board of Health Regulation, you must also fill out a Medical History/Immunization form at least one month before the start of camp. We will send this to you.

CATS Basketball Camp will comply with the Massachusetts Department of Public Health regulations and be licensed by the local board of health.

Parents may request copies of background checks, health care, and discipline policies, and procedures for filing grievances.

Please note, if the minimum number of participants is not reached, CATS Academy Boston has the right to cancel the event.

Authorized Pickup List / Emergency Medical Release

COMPLETE ONE FORM PER CHILD

Pick up List

Anyone picking up a camper must provide a photo I.D. and be listed below.

Parent/Guardian Name: _____ Employer: _____ Phone Number: _____

Parent/Guardian Name: _____ Employer: _____ Phone Number: _____

List up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1. Name: _____ Relationship: _____ Phone Number: _____

2. Name: _____ Relationship: _____ Phone Number: _____

3. Name: _____ Relationship: _____ Phone Number: _____

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: _____ Hospital Affiliation: _____

Address: _____ Phone: _____

Medical Insurance Provider: _____ Policy and/or Group #: _____

Allergies and Medications

Known Allergies: _____

Does your child need to take medication(s) during camp (circle one)? Yes No

If your child requires medication, please specify: _____

The Permission to Administer Medication form must be completed and given to the Camp Director on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions.

Medical Release

I authorize CATS Academy Boston as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician or surgeon licensed under the provisions of the MA Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that CATS Academy Boston is not responsible for costs incurred for medical care.

Policies

Sunscreen

I give permission for sunscreen to be administered and/or applied to my camper as deemed necessary by the camp staff

Lost or Stolen Items

Campers are asked to leave any valuables and electronics at home. CATS Academy Boston and its employees are not responsible for lost or stolen items.

Photographs

I give my permission for my child's photograph or video to be taken for use by the CATS Academy Boston in program brochures, annual report, website, social media sites and other promotional materials and for release to local newspapers.

Parent/Guardian Signature: _____ Date: _____