



NAISMITH BASKETBALL CAMP  
Camper Application Form

Name \_\_\_\_\_

Email \_\_\_\_\_

Male:  Female:  Birthdate: \_\_\_ / \_\_\_ / \_\_\_\_\_ Colour Wars: (past campers): Red  White

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Health Card Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Phone \_\_\_\_\_

Parent / Guardian Do You Live With? \_\_\_\_\_

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

Doctor Contact \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Dentist Contact \_\_\_\_\_ Dentist Phone \_\_\_\_\_

Roommate Request (1 only) \_\_\_\_\_

Current Basketball Team (if any) \_\_\_\_\_

Clothing Orders

Hoodie (\$60) Adult

Small  Medium  Large

Please fill out the Health Form on the next page

## HEALTH FORM

Name \_\_\_\_\_

Please answer the questions below appropriately

| YES | NO |   |
|-----|----|---|
|     |    | Allergies   |
|     |    | Asthma  |
|     |    | Wears Glasses   |
|     |    | Diabetic  |
|     |    | Epileptic   |
|     |    | Hearing Problems  |
|     |    | Bone or Joint Problems  |
|     |    | Heart condition - Medication being taken regularly at home?   |
|     |    | Has had an illness lasting more than a week in the past year?   |
|     |    | Any health problem that would interfere with him/her participating in a full physical activity program? |
|     |    | Has had any injuries requiring medical attention in past year?  |
|     |    | Has been to the hospital in the past year?  |
|     |    | Has had a surgical operation in the past year?  |
|     |    | Wears a medical alert bracelet or necklace?   |

Please give any details if answered yes to any of the above questions \_\_\_\_\_

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Please sign to authorize the directors of NAISMITH to act according to their best judgement in any emergency requiring medical attention. I understand that it is my responsibility to keep Naismith Sports Camp advised of any change to the above information as soon as possible, and that in the event that nobody can be contacted, camp personnel will admit the camper to the hospital if deemed necessary.

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

Signature \_\_\_\_\_

Return to Naismith Basketball Camp at:

115 Muscovy Drive  
Elmira, ON  
N3B 3P7

[applications@naismithbasketballcamp.com](mailto:applications@naismithbasketballcamp.com)

Deadline is June 1st