



NAISMITH BASKETBALL CAMP
Camper Application Form

Name _____

Email _____

Male: Female: Birthdate: ___ / ___ / ____ Colour Wars: (past campers): Blue 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) _____

Clothing Orders

Hoodie (\$55) 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 _____

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

Deadline is June 1st