We are very excited about our 2021 Summer School Camp! Please remember to come prepared in clothes that are easy to move in, can get dirty, and close-toed athletic shoes. We will be moving around and active during Basketball Camp. All Campers need a water bottle labeled with their name. Snacks will be provided. Check-in will begin at 9:20am. This camp is designed for kids entering 3rd grade up to kids entering 8th grade.

Participant's Name:		Age/Grade:	
Parent/Guardian's Name:		Phone:	
Address:			
City:	State:	Zip Co	
Email:			
How did you hear about our car	mp?		
mergency Contact:		Phone:	
Relationship to Participant:			
	children, each child n		
	children, each child n		
If you have multiple	amp	eeds a form com	pleted.
If you have multiple of Summer School Ca	amp	eeds a form com	pleted.

Consent to Treat & Medical Waver

Participant's Name:				
Please list any allergie conditions/restrictions	es (including food/nut) and s:	d/or medical		
Emergency Contact: _		Phone:		
Emergency Contact: _		Phone: Phone:		
Academy and its employees of medical services for my child. injury that my child may incu	or volunteers to act for me using the I accept and understand that Roseb	hereby authorize Roseburg Christian ir best judgment to secure all necessary urg Junior Academy is not liable for any Il be solely responsible for any medical ng the camp.		
Parent/Guardian:		Date:		
	Photo & Video Relea	ase		
my child and use the phoreproductions of his/her phy electronic publishing via the Ir	oto, derivatives, and/or other digital vsical likeness for publication purpos nternet. Furthermore, I assign the rig	nts and assigns, the right to photograph reproductions of him/her or other ses, whether electronic, print, digital or hts for any recording, be it audio and/o notographs. Example: Website, PR, wall		
Parent/Guardian:		Date:		
The following people are	authorized to pick up my child	d:		
Name:	Relation:	Phone:		
	Relation:			
Parent/Guardian:		Date:		