## Registration Form (Day of)

| INFORMATION:  |
|---|
| Camper's first and last name:   |
| Camper's age: Camper's grade:   |
| Camper's first preferred sport: Second preferred:   |
| Camper's first alternate: Second alternate:   |
| Parent's first and last name and phone number:  |
| Emergency contact name/phone number:  |
| Medical conditions:   |
| PARENTAL CONSENT FORM   |
| The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health, and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. The undersigned hereby expressly agrees to be responsible for any medical bills incurred in the treatment of any illness or accident. In the event of any such accident or injury, I hereby consent to allowing any of the camp supervisors to procure any medical treatment deemed advisable on behalf of my child or ward without prior consent, recognizing that no entity involved with the Lyon Basketball Camp or Lyon College assumes responsibility for, nor do they have any liability for, the medical assistance and care selected or provided. No primary medical insurance is provided by Lyon College, however camp insurance is provided for each camper. I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby releases Lyon College and all other employees or agents of the camp from any and all liability from injury or illness, mental or physical, suffered by the camper during or related to camp, unless caused by willful act or gross negligence by the person or entity against whom the claim is made.  Applicant's Name |