

Oblate Basketball Summer Camps

APPLICATION FORM

NAME: D.O.B:

ADDRESS:

School: Club:

Parents/Guardian's Contact Number:

Parents Email Address:

Please tick which week you wish to attend.

Week 1 Week 2 Week 3

Parent Consent:

I parent/guardian of do give permission for the named child to take part in the **Oblates Basketball Camp**. I'm aware of the club's guidelines and agree with the consequences if they are not adhered to. I'm aware that photo and video footage may be taken of the participants for the purpose of teaching and promoting the camp.

Medical

Does your child have any medical conditions, allergies or is taking any medication at the moment?

Medical Consent:

In the case of an emergency, instructors/leaders will do everything possible to contact the parents/guardians so that they can make the appropriate medical decision for their child. In extreme circumstances where medical treatment is required without delay and it has been impossible to contact those named on this form, I authorize the certified First Aid person and or the leader in charge to give consent for any medical treatment on my/our behalf.

Please tick the appropriate box and sign below:

Yes No

Signed:

Date: