

Sequim Youth Basketball
Summer Camp 22'
Registration 3rd- 4th; 5th – 6th

Fee: \$60 Make checks payable to Sequim Youth Basketball
Please complete a form for each child and bring to Anytime Fitness-Sequim (Rock Plaza)
OR mail registration & payment to: Sequim Youth Basketball PO Box 3395 Sequim WA
98382

Deadline June. 17th, 2022

Player Information

Last Name: First Name:

Address: Grade In School M F

City/State/Zip School Attended

Parent/Guardian Information *Required*

Last Name: First Name:

Home Phone: Work Phone:

E-mail

Medical Information

Physician or Clinic Phone:

Medical Plan Name: Plan ID #

Emergency Contact Phone:

Assurances: I/We, parent or guardian of the above named player, hereby give approval for him/her to participate in and all Sequim Youth Basketball summer camp activities including transportation. I/we know that participation in basketball may result in serious injuries to players. I/We do hereby waive, release organizers, sponsors, supervisors, participants, on persons transporting my/our child whether the result of negligence or any cause. In the event I cannot be reached for an emergency. I hereby give permission to Sequim Youth Basketball to hospitalize or secure treatment as needed for my child. In additional, I/We, parent or guardian of the above named player, acknowledge that I/We have been given and have read **or will read** the Concussion Information Sheet as required for participation by the Sequim School District. **Found at:**
<https://www.sequimyouthbasketball.com/syb-rec-k-4th>

X	X
Parent/Gaurdian Signature	Date