

EMERALD GEMS
2019 5th Annual U.S.V.I. Youth Basketball Camps
REGISTRATION FORM

Ages 8-13: Tuesday, August 6 to Wednesday, August 7

Ages 14-17: Thursday, August 8 to Friday, August 9

9-3 P.M. (All Days)

Ivanna Eudora Kean High School

By Monday, June 10th, please complete and mail this two-page Registration Form to Emerald Gems Foundation, Inc., P.O. Box 1818, Minnetonka, MN. 55345, or complete the online Registration Form at www.emeraldgemsfoundation.com/2019BasketballCamps

For Ages 8-13: First come, first served for up to 50 camp spots.

For Ages 14-17: Up to 50 campers will be selected. Local coaches may assist with the selection process.

Must complete a Registration Form to be considered.

***Please Note:** Apparel and basketball shoes are not guaranteed. If your child secures a camp spot, you will receive a confirmation e-mail within a week.*

CHILD'S INFORMATION

First Name: _____ **Last Name:** _____

Gender: M or F **Birthdate:** _____ (DD/MM/YYYY)

Home Address: _____ **Zip Code:** _____

Jersey:

Youth - S, M, L, XL Adult - XS, S, M, L, XL, XXL

Shorts:

Youth - S, M, L, XL Adult - XS, S, M, L, XL, XXL

Basketball Shoes (Circle): Youth or Adult

Shoe Size: _____

PARENT/LEGAL GUARDIAN

First Name: _____ **Last Name:** _____

Email Address: _____ **Cell No:** _____

Home Address (If different from above): _____

EMERGENCY CONTACT

Emergency Contact: _____ **Phone No:** _____

Relationship to Camper: _____

MEDICAL INFORMATION

Health Care Company: _____ **Group No:** _____

ID/Policy No: _____ **Phone No:** _____

CHILD'S NAME: _____

MEDICAL INFORMATION - Continued

Primary Care Physician: _____ **Phone No:** _____

Health Care Concerns, including allergies:

MEDICAL RELEASE

I, Parent or Legal Guardian, hereby consent to my child's participation in the Emerald Gems Foundation, Inc. Basketball Camp event. Our child is in good health and can participate in all activities. Therefore, in consideration for the services to be performed by the Emerald Gems Foundation, Inc., I do further release their officers, directors, agents, and any others associated with the event from any and all claim or liability to us or our child for any damages or injuries which may be sustained by our child in connection with the Emerald Gems Foundation, Inc. Basketball Camp event.

In the event that reasonable attempts to reach Parents/Guardians and Emergency Contact at phone numbers listed on the Registration Form have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the preferred physician listed on the Registration Form or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Parent or Legal Guardian Signature & Date: _____

MEDIA RELEASE

I, Parent or Legal Guardian grant permission to Emerald Gems Foundation, Inc. (and its designees and agents) to use your child's image, likeness, actions, and statements in any live or recorded audio, video, or photographic display or other transmission, exhibition, publication or reproduction made of or at the Basketball Camp event in any medium or content without further authorization or compensation.

Parent or Legal Guardian Signature & Date: _____

NEWSLETTERS, ANNOUNCEMENTS, AND OTHER EMAILS

All Registration Form Signees (Parents or Legal Guardians) are automatically signed up to receive occasional emails with details of the current and upcoming programs. If you do not wish to receive these emails, a link is at the bottom of every email for you to opt-out of the mailing.