

AMBITION SKILLS

Directed by Syessence Davis

Child's Name: _____

Age:____ Grade:____ Gender: ____ DOB: _____

Address: _____ City: _____

Zip: _____ Parents/Guardian Name: _____

Contact Number: _____

Email: _____

Allergies: _____

Asthma: Yes No **Epipen:** Yes No **Other:** _____

Parent/Guardian Signature: _____ Date: _____

Pay at Check-in



CHILD MUST BE REGISTERED BEFORE CHECK-IN

Email form and contact for any questions or concerns: Ambitionskillscamp@Gmail.com

Ambition Skills Camp

PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____

Zip: _____

EMERGENCY INFORMATION

Father's Name: _____

Home Phone: _____

Work Phone: _____

Mother's Name: _____

Home Phone: _____

Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____

Home Phone: _____ Work Phone: _____

Name: _____

Home Phone: _____ Work Phone: _____

Allergies:

Other Medical Conditions:

THIS FORM PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for Ambition Skills Camp and members of Ambition Skills Camp accepting my son/daughter/child as a player in the basketball program and activities of Ambition Skills Camp and its members (the "Program"), I consent to my son/daughter/child participating in the Program. Further, I hereby release, discharge, and otherwise indemnify Ambition Skills Camp, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of courts, fields, and facilities utilized for the Program, against any claim or legal action by or on behalf of my player son/daughter/child as a result of my son's/daughter's/child's participation in the Program and/or being transported to or from the Program. My player son/daughter/child has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of basketball. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Program. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter/child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/
Guardian_____

Date:_____