

Recreation Council Registration Form

This Registration Form shall be completed by the participant, or if the participant is a minor child, by the legal authorized parent or guardian of each minor/child participant.

Emergency/Health Information:

In case of an emergency, please notify (if minor/child participant, provide parent's information or Guardian, as applicable)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Physician's Name _____

Physician's Phone: _____

Name of Medical Provider: _____

Date of last tetanus immunization: _____

1. Are there any medical or health factors or conditions that might affect participant's performance in activity? Yes or No

2. Is participant taking any medications or have a condition that may affect participant's safety or performance in the activity? Yes or No

3. Is participant required any special accommodations (due to disability) to participate in the activity: Yes or No

Acknowledgment Waiver and Release of Liability

I hereby confirm participant is in good health and able to participate in the activity. Also, I have been advised to consult with a licensed physician prior to participation in the activity.

I acknowledge the activity may involve both apparent and inherent risks and dangers of bodily injury or death and damage to property. I fully accept and acknowledge the activities may involve risks, and I hereby assume all dangers and risks associated with the participant in the activity and will be responsible for the same. I further understand that concussion information is available at www.cdc.gov/concussion.

I acknowledge that Baltimore County, Maryland, the Recreation Council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the Activity or the Activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each an activity representative and collectively the "activity representatives"), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto, as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, agree to the terms of this Registration Form. I hereby expressly and forever unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless and indemnify the activity representatives from any and all claims, costs, demands, losses, damages, or expenses, and from all acts of active or passive negligence or other fault on the part of the activity representatives associated with, in whole or in part, participant's involvement with the activity. I shall inform the Recreation Council in writing if any information provided in this Registration Form is incorrect or changes through the course of the activity. I shall present a government issued photo identification card including, but not limited to, my driver's license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this Registration Form to the recreation council.

Signature of Participant (if over 18) or of parent / guardian (if under 18): _____

date _____

Cut along this line Send in info Keep the other half for your records. Make sure everything is filled out or registration has to be sent back to you.

Perry Hall Recreation

Presents

SILVER BULLETS BASKETBALL



FUN - damental Basketball Clinic



Scan with RedLaser



DEPARTMENT OF RECREATION AND PARKS

Week 1 June 26 - 30

Week 2 July 17 - July 21

Camp held at:

PERRY HALL HIGH SCHOOL

Camp Directors

Mrs. Linda Caccavalla

&

Ms. Nancy Brajevich

Silver Bullets AAU

Silver Bullets AAU

Perry Hall HS Girls Varsity Coach

Perry Hall JV Coach

Former Perry Hall HS Boys Varsity Assistant Coach

FUNDAMENTALS taught while having FUN!

Our 22nd Year!

Players Benefits

- *Achieve confidence through repetition.
- *Attempt to beat their own previous score.

Daily League Play

- *Athlete will compete against themselves.
- *Daily use of their skills within a real game.

A Typical Day Will Consist Of -

- * Ball handling skills & drills
- * 4 stations of skill work
- * Contests and games.
- * At the end of the week the camper will take home a Goal Card which records their own improvement.



INFO

Coach Caccavalla - 410-218-0745

email:

Linda.caccavalla@verizon.net

Webpage:

www.eteamz.com/perryhallbasketball

Paypal.me/perryhallrecreation

Camp held at
Perry Hall High School
9am – 12:15 m-f

80 campers max.

РЕСРЕВЛОН ИИД ДУК?
DEPARTMENT OF



PH Rec office
(410) 887-5187

**This camp is for ALL children
who want to try to play
basketball.**



Mail this side only, so you retain the info for camp.

Camper's

Name: _____

Date of Birth: _____ Male: ___ Female: ___ Grade entering Sept. ____

Street Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ @ _____

Which week?

June 26th _____ July 17th _____ Both weeks _____

Paid by: cash _____ check _____ Paypal.me _____

What is the check # _____

What is name on paypal account: _____

In case of injury or emergency, I for myself and/or participant (if participant is minor/child), and my personal representatives, heirs and assigns, (severally and collectively "I") for this registration form) give permission for an activity representative to call 911 and transport participant to a hospital. I shall inform the Recreation Council, in writing, of any medical or health conditions of participant that occurs or develops and which could affect participant's safety, performance or participation in or throughout the activity.

Signature of participant, or if minor, of parent/guardian: _____

Date: _____

Make checks payable to:

Perry Hall Recreation

Or pay by credit to:

Paypal.me/perryhallrecreation

Cost: \$125.00 per week

Return Registration to:

Mail to:

FUNDamental Camp

4406 Silver Teal Rd.

Nottingham, MD

21236