

Camper Health History

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or legal Guardian): _____
(Name) (Phone)

2nd Emergency Contact
(Other than Parent Above): _____
(Name) (Phone)

Child's Physician: _____
(Name) (Phone)

Health Information

1) Are there any health problem including physical, psychiatric, or behavioral problems that we need to be aware of?

No

Yes, Explain: _____

2) Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?

No

Yes, Explain: _____

Immunization Information

For campers who reside within the United States, a United States territory, or the District of Columbia:

1) State/territory in which child resides: _____

2) Is this child exempt from any immunizations?

No

Yes, List them: _____

For campers who reside outside of the United States, a United States territory, or the District of Columbia:

1) State/territory in which child resides: _____

2) Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian Signature: _____ Date: _____

2023 City of Bowie Basketball Camp

Boys/Girls ages 8-14

Session 1: June 26-30

&

Session 2: July 10-14

City of Bowie Gymnasium

4100 Northview Drive
Bowie, Maryland 20716

301-809-2383



#1 Instructional Camp in the DMV!

Camp Objectives

After a week of teaching basketball fundamentals and drills, we hope that each young player leaves as a better basketball player. We want all campers to walk away from camp having had a positive experience with the game of basketball.

Camp Activities:

Include the following: Stretching, Camp Contests, Shooting, Rebounding, Defense, Ball Handling, Offensive Moves, Individual Instruction, Stations, & Games.



Camp Director: Mike Lonergan

Assistant Gymnasium Manager

301-809-2383 or mlonergan@cityofbowie.org

2001 NCAA Division III National

Champions & MABC National Coach of the Year

2016 NIT Champions

PLEASE READ CAREFULLY BEFORE SIGNING, AS THIS DOCUMENT CONTAINS STATEMENTS THAT MAY AFFECT YOUR RIGHTS AND OBLIGATIONS IN THE EVENT OF INJURY OR PROPERTY DAMAGE.

Basketball Camp Registration Form

Boy

Girl

I, the undersigned, wish to participate or for my child _____, age _____, to participate in the City of Bowie's Basketball Camp Program, sponsored by the City of Bowie at the City Gymnasium, at 4100 Northview Drive, Bowie, Maryland 20716, during all or some portion of the 2023 summer camp season June 26- June 30 or July 10-July 14.

I UNDERSTAND THAT BASKETBALL INVOLVES PHYSICAL CONTACT WITH OTHER PERSON AND ENTAILS A SIGNIFICANT RISK OF INJURY, SERIOUS INJURY (INCLUDING BUT NOT LIMITED TO CONCUSSION) OR DEATH, FROM INTENTIONAL AND UNINTENTIONAL CONTACT WITH A PERSON OR AN OBJECT; FROM FALLING; FROM EXPOSURE TO DUST AND OTHER ALLERGENS; FROM SUDDEN, UNUSUAL OR UNANTICIPATED MOVEMENT OR TWISTING FROM STRAIN ON THE HEART OR OTHER ORGANS OF THE BODY; AND FROM OTHER UNFORESEEN CAUSES.

I and/or my child participate at our sole risk. I agree that the City of Bowie, Maryland (hereinafter, "the City"), and its officials, officers, servants, agents, employees, and officials, shall not be liable to more or to my child for any claims, demands, damages, actions, or causes of action, for injury to my person or property or that of my child arising out of or in connection with my participation in the Program or my presence on City property for that purpose. I expressly waive, release and discharge the City, and its servants, agents, employees, officers and officials, from all claims, demands, liabilities, damages, actions, or causes of action, for injury to my person or property or that of my child caused in any manner, including as a consequence of the active or passive negligence or willful misconduct by the City, excepting gross negligence, and/or its officials, officers, servants, agents or employees, arising out of or in connection with my participation in the Program or that of my child or out of or in connection with my presence on City property or that of my child.

I further agree that I will indemnify and hold the City, and its officials, officers, servants, agents, and employees, harmless from and against any and all claims, demands, liabilities, injuries, damages, loss, expense, actions, or causes of action that they may incur, including attorneys' fees, for property damage or personal injury sustained or allegedly sustained by myself or my child or caused by my actions or those of a third party to a third party arising out of or in connection with my participation in the Program or that of my child or out of or in connection with my presence or that of my child on City property.

Date

Signature of Program Participant

Printed Name

Date

Signature of Parent or Legal Guardian
(if participant is under 16)

Printed Name

Name

Address

City

State

Zip Code

Age as of June 24, 2023

Date of Birth

School

Grade (In Fall of 2023)

Shirt Size

Parent/Guardian Information

Name

Cell Phone

E-Mail

\$225 for Bowie Resident
\$240 for Non-Residents
Cash/Check/Credit Card Accepted
Full payment required to reserve a spot.