

2019 PURDUE BASKETBALL CAMPS

REGISTRATION FORM

Camper's Name _____ Gender _____ D.O.B. _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ School _____ Grade (as of Fall 2019) _____

Roommate Name (If Residential Camper) _____

Printed Name of Parent/Legal Guardian (required) _____ E-mail _____

PLEASE CHECK SPECIFIC CAMP AND CATEGORY

PARENT/CHILD - JUNE 8 - \$210 (add \$75 for each additional child) # of children (\$210) _____ x \$75 = _____

Participating Parent / Family Member Name _____

NEXT LEVEL I - JUNE 9-12

NEXT LEVEL II - JUNE 16-19

DAY CAMP (GRADES 1-2) - JUNE 24-27

DAY CAMP (GRADES 3-9) - JUNE 24-27

Male Female

Male Female

COMMUTER RESIDENTIAL

\$350

\$490

\$350

\$490

\$140

\$270

PAYMENT METHOD

Payment is due upon submission of registration. Make payment by Check or Money Order (payable to Matt Painter Basketball Camps LLC):

CREDIT CARD PAYMENT

If paying with a credit card, please register online at:

PurdueBasketballCamps.com

Duplicate this application as needed and return to:

Matt Painter Basketball Camps LLC

P.O. Box 2885

West Lafayette, IN 47906

Or Fax with credit card information to 765.496.1388

PARENT AUTHORIZATION

PARENTAL AUTHORIZATION FORM AND PHYSICIANS PHYSICAL

Prior to any camper participating in camp, a copy of a physicians' examination and/or a parental authorization must be received. PARENTAL AUTHORIZATIONS MAY BE SIGNED AT REGISTRATION OR SENT IN AHEAD OF TIME. A COPY OF A PHYSICAL USED FOR SCHOOL OR OTHER ATHLETIC EVENTS ARE PERFECTLY ACCEPTABLE AS LONG AS IT WAS ADMINISTERED IN THE LAST 365 DAYS. The physician may also sign the form below any time within the last 365 days prior to the start of camp. Please call 765-494-6693 with any questions or concerns about proof of physical or parental authorization.

PURDUE UNIVERSITY MEDICAL AUTHORIZATION FOR TREATMENT OF A MINOR PERSONS UNDER 18 YEARS

Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, Clarian Arnett Health Hospital, and St. Elizabeth East Hospital medical personnel, agents, and employees to provide all reasonably necessary medical care advisable for the health of my child, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery, and prescription drugs. I acknowledge that no representations, warranties, or guarantees can be made with respect to any medical care or treatment provided.

I also understand that, as a result of my child's participation in this program, it will be necessary for supervisors, coaches, residence hall personnel, and others involved with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Further, I hereby grant permission for my child: _____
Minor's Name _____ Date _____

To attend the 2019 Purdue Basketball Camp, a signature from one or both parents/legal guardians and a witness signature is required.

Signature (Parent/Legal Guardian - required)

Signature (Parent/Legal Guardian/Witness - required)

EMERGENCY CONTACT(S)

Primary Contact Name: _____

EMERGENCY CONTACT(S)

Secondary Contact Name: _____

Relationship to Camp Participant: _____

Relationship to Camp Participant: _____

Day Phone: _____

Day Phone: _____

Evening Phone: _____

Evening Phone: _____