



Lander University
FCA Team Camp
June 29-June 30, 2018

2 days 1 nights
Campers \$170
Coaches \$120



FELLOWSHIP OF
CHRISTIAN
ATHLETES

Registration Deadline
JUNE 1, 2018

Emergency Health Form

Camper's Name: _____ Emergency Contact/Phone#: _____ / _____

Any known allergies, medical conditions or pre-existing injuries: _____

My family physician is Dr. _____ Phone: _____

The following consent should be signed by the parent/guardian. The law requires that parent permission be obtained for operative procedures on minors. We need this form completed so we may perform such procedures without unnecessary delays. However, no operation will be performed, without parents being contacted and fully informed.

I also understand that the LU Basketball Camp is not responsible for a pre-existing injury or reoccurrence of any undisclosed pre-existing injury or illness of the above camper prior to the first day of camp, and the LU Basketball Camp will assume responsibility only for injuries or illness incurred while the above camper is participating in camp activities under supervision.

Printed full name of parent/guardian _____ Signature of parent/guardian _____

Registration Form—Lander University FCA Team Camp

Camper's Name: _____ Age: _____ Date of Birth: _____

School: _____ Grade upcoming Fall: _____

Position: _____ AAU Team: _____

Parent's Name: _____ Email Address: _____

Address: _____ City: _____ St: _____ Zip: _____

Primary Phone #(_____) _____ Emergency Phone#: (_____) _____

Insurance Company: _____ Policy #: _____ Group #: _____

Full payment (\$200) must accompany your application in the form or check, money order, or cash to participate.

All Checks and Money Orders must be made payable to: **Camp SLAM**