

Bethlehem Parks and Recreation New Basketball Camp at BES!

You Gotta Believe Basketball Camp

<u>Activities</u>	<u>Entering Grades</u>	<u>Date & Time</u>
Basketball	2-9	July 18 – 22, 1-5PM

\$145 postmarked or dropped off before 5/16 \$160 postmarked or dropped off before 7/11 \$175 after above said deadlines
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YOU MUST SEND OR DROP OFF REGISTRATION AND CHECK TO PARKS AND RECREATION, P.O BOX 160, BETHLEHEM, CT 06751. PLEASE DO NOT SEND REGISTRATION TO THE SCHOOL.

Activities will be inside and outside.

PLEASE NOTE THERE IS NO NURSE ON DUTY

I give my child _____ permission to attend above stated activity and dates. Parent/Guardian signature _____

I GIVE PERMISSIN FOR MY CHILD/SELF TO TAKE PART IN THE BELOW NAMED ACTIVITY. BY SIGNING THIS FORM, I WAIVE ALL CLAIMS AGAINST THE TOWN OF BETHLEHEM, PARK & RECREATION DEPARTMENT, AND YOU GOTTA BELIEVE BASKETBALL CAMP AND ALL PERSONNEL FROM ANY LIABILITY FOR INJURIES, LOSS, OR OTHER CLAIMS RESULTING FROM PARTICIPATION IN THIS ACTIVITY. CAMP PHOTOS/VIDEOS MAY BE TAKEN. PLEASE USE EMAIL BELOW IF YOU DO NOT WANT IT TO APPEAR ON SOCIAL MEDIA. IF I CANNOT BE REACHED, I GIVE PERMISSION TO THE ATTENDING PHYSICIAN, PROGRAM SUPERIVISOR, OR HOSPITAL TO SECURE PROPER TREATMENT FOR MY CHILD OR MYSELF.

SIGNED PARENT/GUARDIAN/SELF: _____ DATE: _____

PARTICIPANTS NAME: _____

DOB: _____ AGE: _____ SEX: _____ GRADE: _____ FEE: _____

ADDRESS: _____ TOWN: _____

PHONE: _____ EMERGENCY PHONE: _____

EMAIL ADDRESS: _____

ANY MEDICAL CONDITIONS THE RECREATION DEPARTMENT SHOULD BE AWARE OF?

PLEASE LIST NAMES OF ADULTS WITH PERMISSION TO PICK CHILD/CHILDREN
UP _____

For more information visit www.yougottabelieve.info or email nicholsygb@gmail.com or call (203) 725-6186