**REGISTRATION INFORMATION**

***Name***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Age***: \_\_\_\_\_\_\_\_\_ Gender (Circle): M or F

***Home Address:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***City***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***State:*** \_\_\_\_\_\_\_ ***Zip***:\_\_\_\_\_\_\_\_\_\_

***Phone***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

***Mother:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Phone***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Father***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Phone***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact (other than parents or guardian):**

***Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Phone:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Relationship:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-SHIRT SIZE (circle one): S M L XL XXL**

**Payment Information:** ENCLOSED YOU WILL FIND MY: (please check one)

**$300** in Full Payment

\_\_\_\_\_\_\_Cash or \_\_\_\_\_\_Check Please make checks payable to Jordan Nwora Foundation.

Payment can be made in advance or during registration on July 17, 2023

After camp hours available upon request.

Please complete and return to:

ECC Men’s Basketball

21 Oak St., Buffalo, NY 14203

For more information contact

*Coach Alex Nwora at 851-1208*

*or 716-390-1368*

**WAIVER FORM**

Release for Medical Treatment

Registration will not be complete until this form if filled out!

***Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DOB:*** \_\_\_\_\_\_\_\_\_\_ ***Gender (circle)* :** M or F ***AGE*:** \_\_\_\_\_\_\_\_

Health History: Please list ANY allergies, conditions, and/or medication (Please include a separate sheet if necessary.)

***Family Physician Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Physicians Phone***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Authorization: This health history is correct to the best of my knowledge, and the person herein as described has permission to engage in all prescribed camp activities except as indicated above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for and order injection, anesthesia or surgery for my child as named above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

***Signature Parent/Guardian*** ***Date***

Parent/Guardian Health Insurance Company:

***Policy #:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Address:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has a recent physical and may participate in all camp activities. I give permission for my child to be treated by a qualified EMT or licensed physician. I further agree that the camp staff, County of Erie, Erie Community College, Jordan Nwora and Jordan Nwora foundation should be held harmless from and indemnified against any and all liability, cost, claims, loss or damage which it or they may incur as a result