**BCB**
**SPORTS CAMP**

# CAMP REGISTRATION FORM

## Camper 1

Full Name: _____
*Last* *First* *M.I.*

Date of Birth: _____ Grade Entering: _____

School Attending: _____

Allergies: _____

**Sessions Attending* (please circle):**

**Session 1 (7/7-7/11), Session 2 (7/14-7/18), Session 3 (7/21-7/25), Session 4 (7/28-8/1)**

***Cost is $350 per session. Checks made payable to BCB Sports Camp, LLC.**

## Camper 2

Full Name: _____
*Last* *First* *M.I.*

Date of Birth: _____ Grade Entering: _____

School Attending: _____

Allergies: _____

**Sessions Attending (please circle):**

**Session 1 (7/7-7/11), Session 2 (7/14-7/18), Session 3 (7/21-7/25), Session 4 (7/28-8/1)**

***Cost is $350 per session. Checks made payable to BCB Sports Camp, LLC.**

## Camper 3

Full Name: _____
*Last* *First* *M.I.*

Date of Birth: _____ Grade Entering: _____

School Attending: _____

Allergies: _____

**Sessions Attending (please circle):**

**Session 1 (7/7-7/11), Session 2 (7/14-7/18), Session 3 (7/21-7/25), Session 4 (7/28-8/1)**

## Household Information

### Parent or Guardian 1

Full Name: _____
*Last* *First* *M.I.*

Address: _____
*Street Address* *Apartment/Unit #*

_____
*City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Email: _____

### Parent or Guardian 2

Full Name: _____
*Last* *First* *M.I.*

Address: _____
*Street Address* *Apartment/Unit #*

_____
*City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Email: _____

### Mailing Address

Address: _____
*Street Address* *Apartment/Unit #*

_____
*City* *State* *ZIP Code*

### Emergency Contact 1

Full Name: _____
*Last* *First* *M.I.*

Address: _____
*Street Address* *Apartment/Unit #*

_____
*City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

## Emergency Contact 2

Full Name: _____
*Last* *First* *M.I.*

Address: _____
*Street Address* *Apartment/Unit #*

_____
*City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

## Additional Information

Please list here any additional pieces of information that you would like us to know about your camper. In the case of an emergency, we will first attempt to contact the parent/guardians. If they cannot be reached, the camp will contact the above authorized emergency contacts. Please note that by listing authorized emergency contacts, you are also authorizing them to drop off and pick up your child/children. Please enter persons and their phone number(s) authorized to pick-up child from Prime Time in addition to Emergency contact and Parents/Guardians:

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**Checks Made Payable to BCB Sports Camp, LLC.**

**Registration can be mailed to:**

**BCB Sports Camp**
**14028 Tahiti Way #414**
**Marina Del Rey, CA 90292**

# *BCB SPORTS CAMP*

## ~Waiver of Liability and Release of Claims~

This Waiver of Liability and Release of Claims is between BCB SPORTS CAMP ("BCB SPORTS CAMP") and the parents or legal guardian ("PARENTS") of _____ ("CAMPER").

The PARENTS represents they have the legal authority to waive BCB SPORTS CAMP's liability and to hold BCB SPORTS CAMP harmless/judgment free from any legal action in which it is not a direct cause of alleged damages to CAMPER. The PARENTS understand and acknowledge the inherent risks and dangers in BCB SPORTS CAMP's activities and affirm CAMPER may engage in all BCB SPORTS CAMP activities except as written below. As such, PARENTS hereby waive BCB SPORTS CAMP's liability and holds it harmless/judgment free from any legal action in which it is not a direct cause of the alleged damages.

BCB SPORTS CAMP may provide routine health care, administer prescribed medications, and seek emergency medical treatment it deems necessary for CAMPER. PARENTS agree to release any records necessary for insurance purposes. If the PARENTS cannot be reached in an emergency, BCB SPORTS CAMP may select a physician to secure and administer treatment, including hospitalization, for the CAMPER.

The undersigned certifies that they have read this Waiver and Release, understands it, agrees to all of its terms, and hereby willfully enters it.

Date: _____ _____

Signature of Parent/Guardian

_____

Printed Name of Parent/Guardian

# MINOR/CHILD PHOTO RELEASE FORM
# (Optional)

I, _____, the parent or legal guardian of _____ [Child] grant BCB Sports Camp my permission to use the photographs described as Camp Photography for any legal use, including but not limited to: publicity, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's Signature**: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____