

Mid-Winter Break Hoops Camp



Ballard Boys & Girls Club

Boys and Girls K-4th Grade

February 16th-19th

9 AM—12 PM

Only \$85

www.ballard-bgc.com



Sign Up
at the
Club!

Name:

Grade:

Parent/Guardian:

Address:

Phone 1:

Email:

Phone 2:

Medical Treatment I give permission for my child to be given emergency treatment including First Aid and CPR by a qualified Staff member of the Ballard Boys & Girls Club. I also give my permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment. In the event I cannot be contacted, I further authorize and consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital selected by the Ballard Boys & Girls Club Director when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I certify (or declare) that I am parent or legal guardian of the above named child and that I have authority to authorize such activities and actions.

Parent / Guardian Signature _____