

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Gender (Circle one) M F

Grade (starting in Fall 2017) \_\_\_\_\_ School Name \_\_\_\_\_

Shirt Size (Circle one) Youth YS YM YL Adult AS AM AL AXL

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Mother's/Guardian's Full Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's/Guardian's Full Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_  
.....

Emergency Contact/Authorized Pick-Up (Other than Parent/Guardian):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Where did you hear about Avery Bradley Skills Academy? \_\_\_\_\_  
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\*\*\*Please include a copy of your insurance card or complete the following\*\*\*

Policy Holder Name: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy/Group #: \_\_\_\_\_ Insurance Company Phone Number: (\_\_\_\_) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Pre-approval Required? (circle one) YES NO

Date of child's last physical (must be within 24 months of camp start date) \_\_\_\_\_  
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Please Initial the Following Statements:

\_\_\_\_\_ To the best of my knowledge this health history information is correct and the person herein described has my permission to engage in all camp activities, with the exception of any physical limitations as described. In the event that I cannot be reached in an emergency, I hereby give permission to the camp personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. I agree to indemnify Bradley Sports Group, Inc. and its employees for any claim which may hereafter be presented by our (my) son/daughter as a result of any such injuries.

\_\_\_\_\_ In consideration of being permitted to participate in this program, I, the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims of any kind that I may have against Bradley Sports Group, Inc., including, without limitations, rights or claims alleged to arise out of injury, illness or property loss suffered by me/my child which might occur while participating in this program.

\_\_\_\_\_ I give consent that Bradley Sports Group, Inc. may use any photographs or video tapes of my child for promotional or public relations purposes, including website material and camp advertising (optional).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_