

THE "MISSING LINK" BASKETBALL CAMP FORM -2012



JUNE 4TH – JUNE 8TH (8:00 AM – 5:00 PM)

SEND IN THIS COMPLETED FORM WITH FULL PAYMENT TO:

Coach Ron Link * 130 Green Top Way * Athens, GA 30605

- OR -

DROP THIS FORM OFF IN THE ACS OFFICE WITH A CHECK MADE OUT TO:

COACH RON LINK

CAMPERS NAME _____

SEX _____ **AGE** _____ **HT.** _____ **GRADE NEXT YR.** _____

PARENT(S) / GUARDIAN(S) NAME(S) _____

ADDRESS _____

HOME # _____ **WORK #** _____ **CELL #** _____

E-MAIL _____ (For Up-Dates and Camp News, Photos and Records)

MEDICAL INSURANCE FORM

I, the undersigned, have been informed and agree, that all medical expenses resulting from illness or injury incurred as a participant in this "Missing Link" Basketball Camp, are the responsibility of the participants family. I will not hold Athens Christian School, Coach Link, or his staff responsible.

_____ My son/daughter is covered by medical insurance.

The company name is _____

Group # _____ or, Policy # _____

_____ My son/daughter is not covered by medical insurance. I, understand, I, the undersigned, will assume total responsibility for any medical expense that he/she may incur, before, during, or after, this "Missing Link" Basketball Camp.

MEDICAL RELEASE

I, the undersigned, have been informed and agree, that during the "Missing Link" Basketball Camp, first aid will be administered if necessary by the staff until medical care facilities can be reached. I will be informed of medical treatment that my son/daughter has received.

I, the undersigned, agree to the arrangements set forth above and hereby consent to the delivery of routine medical care and first aid to my child, as described above, without need of any additional consent from me.

I understand that in case of a major medical emergency, every possible attempt will be made to contact me before treatment is administered. However, the Camp Director may consent on my behalf to treatment advised by medical personnel for my son/daughter in the event I cannot be contacted through reasonable efforts.

Signed _____ Relationship _____ Date _____