

Basic Information	
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Campers Name:	<input style="width: 90%;" type="text"/>
Date Of Birth:	<input style="width: 90%;" type="text"/>
Address:	<input style="width: 90%;" type="text"/>
City:	<input style="width: 90%;" type="text"/>
State:	<input style="width: 90%;" type="text"/>
Zip:	<input style="width: 90%;" type="text"/>
Parent Or Guardian:	<input style="width: 90%;" type="text"/>
School:	<input style="width: 90%;" type="text"/>
Grade:	<input style="width: 90%;" type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Telephone:	<input style="width: 90%;" type="text"/>
Email Address:	<input style="width: 90%;" type="text"/>

Health Insurance Information	
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Health Insurance Carrier:	<input style="width: 90%;" type="text"/>
Policy Number:	<input style="width: 90%;" type="text"/>

Emergency Contacts	
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Emergency Contact 1:	<input style="width: 90%;" type="text"/>
Relationship:	<input style="width: 90%;" type="text"/>
Phone Number:	<input style="width: 90%;" type="text"/>
Cell Number:	<input style="width: 90%;" type="text"/>
Emergency Contact 2:	<input style="width: 90%;" type="text"/>
Relationship:	<input style="width: 90%;" type="text"/>
Phone Number:	<input style="width: 90%;" type="text"/>
Cell Number:	<input style="width: 90%;" type="text"/>

2009 Sessions	
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Summer Kickoff Slamfest	<input type="checkbox"/>	June 22-26
Week 1	<input type="checkbox"/>	June 29- July 3
Week 2	<input type="checkbox"/>	July 13-July 17
Week 3	<input type="checkbox"/>	July 20-July 24
Week 5	<input type="checkbox"/>	Aug 3-Aug 7
Week 6	<input type="checkbox"/>	Aug 10-Aug 14
Summer-End Basketball Skillz Camp	<input type="checkbox"/>	Aug 17-21

By checking the accept box below, I submit that my child is physically fit to participate in strenuous athletic activity, and waive KBBC of any and all responsibility for injury or illness. I hereby release the directors of KBBC of any and all responsibility for injury or illness. I hereby authorize the directors of KBBC to act for me accordingly to their best judgement in an emergency requiring medical attention. I understand that I am solely responsible for the

payment of said medical expenses and must provide the camp with proof of medical/accident insurance. I understand the procedure regarding the non-refundable deposit, and refund policy. I understand a credit card will only be given for documented medical emergencies. There is a \$30 charge for returned checks.

I Accept The Terms Above

Parent or Guardian Signature _____

Date: _____

Mail To: KBBC
502 Albermarle St.
Rahway, NJ 07065