

Basic Information	
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	
Health Insurance Carrier:	<input style="width: 90%;" type="text"/>
Policy Number:	<input style="width: 90%;" type="text"/>
Emergency Contacts	
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"/>
2008 Sessions	
<b>Fall Boot Camp</b>	<input type="checkbox"/> June 16-20
Mondays September 29 - Nov. 10 (off Columbus Day) 9/29, 10/6, 10/20, 10/27, 11/3, 11/10	
Times: Ages 9 - 11: 5:00pm - 6:15pm Ages 12 - up: 6:30pm - 7:45pm	


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: \_\_\_\_\_

**Submit**

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