

| 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"/> |

| 2010 Winter Sessions | |
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| Winter Boot Camp | <input type="checkbox"/> |
| Sundays Beginning January 24th - March 7th (1/24, 1/31, 2/7 OFF , 2/14, 2/21, 2/28, 3/7)Times: Ages 8 - 12:30 1:45pm - 2:45pm Ages 12 - up: 2:00pm - 3:15pm | |
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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