

Registration Deadlines:	Medical Release
<p><b>Individual Camp</b> June 7, 2010</p> <p><i>Camp registration and payments must be turned in to O'Dea high school,</i></p> <p>Send Camp Registration to:  <b>O'Dea Basketball Camp</b>  <b>O'Dea High School; c/o Monte Kohler</b>  <b>802 Terry Ave. Seattle, WA 98104</b>  <i>Make check's payable to: O'Dea High School</i></p> <p>Name: _____            (last) _____ (first) _____</p> <p>Address: _____            City/State/Zip _____            Night Phone _____            Day Phone _____            Parent (s) Names: _____            Height: _____ Weight: _____            High School: _____            Grade School: _____            Grade in Fall: _____            T-Shirt Size (circle one): S M L XL XXL            Position - _____</p> <p><b>Please Check Appropriate Boxes and Fill in Amount Enclosed/Charged</b></p> <p><input type="checkbox"/> \$110 Session 1 9:00 am -Noon (June 21-24)  <input type="checkbox"/> \$110 Session 2 1:00 pm – 4:00 pm (June 21-24)  <input type="checkbox"/> \$185 Session 1 &amp; 2 (June 21-24)  <input type="checkbox"/> \$110 Session 3 9:00 am -Noon (June 28-July 1)  <input type="checkbox"/> \$110 Session 4 1:00 pm – 4:00 pm (June 28-July 1)  <input type="checkbox"/> \$185 Session 3 &amp; 4 (June 28-July 1)</p> <p><b>Total Enclosed/Charge \$</b> _____</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD            Number: _____            Expires: _____            Security Code:(3 digits on back of card) _____            Card Holders Name: _____            Signature: _____</p> <p><b>Billing Address:</b> <input type="checkbox"/> <i>Same as Above</i></p> <p>Address _____            City _____ State _____ Zip _____</p>	<p><i>I verify that:</i></p> <p>_____</p> <p>Camp Participant  <i>Has medical insurance with:</i></p> <p>_____</p> <p>Medical Insurance Company</p> <p>_____</p> <p>Policy Number  <i>and has dental insurance with:</i></p> <p>_____</p> <p>Dental Insurance Company</p> <p>_____</p> <p>Policy Number  <i>which effectively covers any medical or dental cost incurred as a result of participation in the O'Dea Basketball Camp. Further, I authorize the Coaching staff at the O'Dea Basketball Camp to seek any necessary <b>emergency</b> medical or dental treatment my child may need during the course of camp.</i></p> <p>_____</p> <p>Parent Signature</p> <p>_____</p> <p>Current Medications</p> <p>_____</p> <p>Current Allergies</p> <p>_____</p> <p><b>Acknowledgement of Risk</b>  <i>As the parent/guardian of:</i></p> <p>_____</p> <p>Camp Participant  <i>I acknowledge the potential risk of injury related to participating in basketball and the physical activities associated with participation in the O'Dea Basketball Camp. I knowingly and voluntarily on behalf of the camp participant accept the risk of all such injuries that could occur due to participation in the camp.</i></p> <p>_____</p> <p>Parent/Guardian Signature</p> <p><b><i>Front and back copy of insurance card is required to participate in camp activities. Please include with registration.</i></b></p>