## REGISTRATION FORM

뒬	Camp Name	Co	st*
Scou	□ DAY CAMP JUNE 12-15	\$ 1	40
	<b>▼ TEAM SHOOTOUT</b> JUNE 17		
<b>S</b> GEI	☐ Team Fee	\$ 1	00
	☐ + \$65 PER-GAME fee x games =	\$	
ME A 1	<b>▼ TEAM CAMP</b> JUNE 21-23		
	☐ Team Fee	\$ 1	00
<b>*</b> #	$\Box$ + \$65 PER-GAME fee x games =	\$	
X YIXIA	Overnight Per-Camper Fee \$150 (covers dorms and meals)		
ACUL	# players x \$150 =	\$	
CHE MISS F.	□ BACKGROUND CHECKS #	\$	75
0	☐ ELITE SKILLS SESSION JUNE 24	\$	50

MAIL YOUR REGISTRATION AND DEPOSIT TO: OLE MISS WOMEN'S BASKETBALL • ATTN: SHANA KENT BOX 1848 • TUOHY BASKETBALL CENTER • UNIVERSITY, MS 38677

Camper's Name							
Camper's E-mail Address							
Camper's Cell #	Age						
Grade Entering '16	School Name						
Roommate Preference (for overnigh	nt cam	pers or	nly)				
Height Position (ci	rcle):	Point (	Guard	Guard	Forwa	ard	Post
T-shirt size (circle): YS YM	YL	AS	AM	AL	AXL	АХ	ΧL
Payment Information							
☐ Enclosed is my \$ check or money order.							
OR Charge \$ (choose one): M/C V	owing o	credit car . Date	d:				
CC Account #:							
Signature of Cardholder:							
Print Cardholder's Name:							
mergency Contact Information	1						
Emergency Contact Name				Relation	ship		

MEDICATION AUTHORIZATION Medication(s): Medication(s) needed by a camper may be administered by a properly licensed healthcare professional or distributed by Program Staff for self-administration by the Minor under the following conditions: (a) parent/legal guardian must provide written authorization, (b) parent/legal guardian must provide the medicine in its original labeled pharmacy container for prescription medication or in the manufacturer's container for over-the counter medications along with the camper's name, medicine name, dosage and timing of consumption for prescription medication, (c) medicine should be kept in an appropriate and secure location, (d) a record showing the date, time, and signature of the person who administered or witnessed each self-administration of medicine must be kept for 90 days, (e) any medicine the camper cannot self-administer must be stored and administered by a licensed healthcare professional associated with the campus, or if no one is available, arrangements must be made with another healthcare professional in advance of the participant's arrival, (f) personal "epi" pens and inhalers may be carried by the participant during

Work #

Home #

Parent / Guardian's Signature Date

NOTE: Signature required only for those with medication(s) in their possession while attending camp

## MEDICAL RELEASE & HEALTH INFO

## THIS INFORMATION IS MANDATORY FOR REGISTRATION.

If this information is not sent in with the Registration Form and payment, PLEASE COMPLETE THE ENTIRE FORM AND SEND TO SHANA KENT PRIOR TO THE FIRST DAY OF CAMP: (F) 662-915-7871; (E) SKENT@OLEMISS.EDU.

Full Name of Camper	
Date of Birth	Social Security #
Address	City, State, Zip
Parent/Guardian's Name	() Home Phone
_() Work Phone	() Cell Phone

I give permission for the University of Mississippi medical personnel to administer first aid and/or to provide the appropriate transportation to a medical facility to receive adequate medical care in the event of any injury or illness.

	. /	_		o ·	
۲	arent /	Guard	ian's	Sign	ature

Date

Parents of Overnight Campers Must Sign Below in Order For Child to Stay Overnight
I give permission for my child to reside in University housing during camp at the University
of Mississippi and give permission for University of Mississippi medical personnel to
administer first aid and/or to provide the appropriate transportation to a medical facility to
receive medical care in the event of any injury or illness.

Paren	nt / Guar	dian's	Signature

Date

MEDICAL RELEASE Must be completed by a physician or send a copy of a physical dated no more than 1 year ago.\*\*

I have examined the camper named above on this form and found the camper to be free from injuries or conditions that would limit participation in athletics. I recommend that this person be accepted for this Ole Miss Sports Camp.

Physician's Name	Phone #
Address	
Address	
Allergies	
Previous Injuries and/or Other Important Health Info	rmation

Physician's Signature

Date

\*\*NOTE: A copy of a sports physical within one year of the date of camp being attended may be substituted for a physician's signature. This information is confidential and is retained as a part of each camper's records.

INSURANCE Please include camper's current health insurance below. In order to attend camp, each participant must provide us with the camper's insurance coverage and have all forms complete prior to registration. Each camper will be covered under a secondary insurance policy, with limited benefits, that is provided by the University of Mississippi. THERE IS A \$250 DEDUCTIBLE FOR THE INSURANCE. If a camper is injured, the parent/guardian will be requested to work with officials of The University of Mississippi's Athletics Department to provide proper information regarding the injury to the secondary insurance provider. If this camper is covered by a current health insurance, please provide the following information.

Policyholder's Name Social Security #