

# PARKWAY NORTH HIGH SCHOOL

## Girls Basketball Camp 2023

Camp dates:

High School Camp                      \$45      June 5-7      Time 9-11 am

Jr Viking Camp Entering Gr. 3-8      \$45      June 5-7      Time 11:30-1:30 pm  
At North High School

This program will provide players with fundamentals of the game including dribbling, passing, shooting, and playing defense. Our North system will be introduced to all campers.

Team shirts will be provided.

Any questions, call Coach Adam Ketcherside at 573-701-5957.

Make checks payable to **Parkway North Girls Basketball**

## **Summer Sports Camp Registration Form**

Please mail this Registration Form, the Emergency Form, and **only one check per sport** to:

**Parkway North High School  
Athletic Office - Summer Sports Camps  
12860 Fee Fee Rd.  
St. Louis, MO 63146**

Camp: \_\_\_\_\_ Time of camp-if applicable: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Please read the following:

I, the undersigned parent/guardian, agree and understand that all camps are taken at the participant's own risk, without liability to the Parkway School District, its officials, or instructors. Although accidents rarely occur, those participating should have their own insurance or be aware that expenses for any medical treatment or care must be borne by the individual participant.

Read and understood (Parent Signature) \_\_\_\_\_ Date: \_\_\_\_\_

# ATHLETIC EMERGENCY CARD

TO PARENTS: Please fill out both sides of Student Emergency Card, sign and date.

Print Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_

Father \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

LIST KNOWN DRUG ALLERGIES \_\_\_\_\_

Will your child bring medication (prescription or over-the-counter)? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please specify:

Name of Medication	Physician	Dosage/Frequency	Special Instructions

Please provide other health information which would help us meet the needs of your child. Include such conditions as: serious allergies, asthma, diabetes, ear and eye problems, heart conditions, seizure disorders, orthopedic conditions; any specialized health care needs; dietary restrictions.

Date of last DT (Diphtheria/Tetanus Immunization): \_\_\_\_\_

All medication brought by your child will be self-carried, self-administered, and must meet the following criteria:

Prescription Medication:

All medication brought must have a current prescription label properly affixed to the medication in question. The label must contain the name of the child, name of drug, dosage, frequency of administration, diagnosis, and physician's name.

Over-the-counter Medication:

This medication must be in the original bottle. Place child's name on bottle.

IN CASE OF EMERGENCY, I request my child be taken to \_\_\_\_\_ hospital. If the school or hospital is unable to contact me, I hereby authorize the school and/or physician to treat my child as they deem necessary.

Physical Exam Date \_\_\_\_\_

Insurance Information: Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Signature of Parent or Guardian

Date

OFFICE USE: EMERGENCY CARD TO BE RETAINED BY SPONSOR/COACH AND TAKEN ON TRIP