

2022 FOLLOW THRU BASKETBALL CAMP REGISTRATION FORM

Overnight Camp at Brant Lake: August 14-18. (\$675 Tuition) For Boys & Girls Grades 4-12.

Payment is due in full with the registration form.

Name _____ Male/Female _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Grade Entering 9/22 _____ School Entering 9/22 _____

Email Address _____

Roommate Requests (For Overnight Only): _____

(All roommate requests, maximum of 8, will be honored.)

Camp Release Form:

Being the natural parent/legal guardian of the above-mentioned camper(s), I do consent to his/her participation in the Follow Thru Basketball Camp. I know of no medical reason prohibiting my child from participating in the 2022 Follow Thru Basketball Camp. I am aware that any exercise program, even moderate supervised exercise, bears some risk to the participant's health.

I further agree that if he/she does suffer any injury, then the Follow Thru Basketball Camp, Inc., and The Brant Lake Camp, through its employees, independent contractors, or agents, have my permission to sign any consent forms required to perform any emergency medical treatment.

I have made my child aware that physical activity will be occurring at the Follow Thru Basketball Camp and that under no circumstances should they be exercising or playing if they feel light headed, or sick in any way, or have developed a cramp or injury. They will notify the staff of any allergies, sickness, or injury preventing them from continuing and subsequently rest.

I understand that the camp hours outlined in brochure and/or webpage are subject to change. I bear the responsibility of transporting my child to and from camp and I also understand that the camp is not responsible for my child outside of camp hours. Furthermore, the camp accepts absolutely no responsibility for making sure an appropriate party picks up my child.

I hereby release Follow Thru Basketball Camp, Inc., The Brant Lake Camp, or employees, agents or independent contractors of any liability and/or negligence claims resulting from my child's participating in the Follow Thru Basketball Camp.

Parent/Legal Guardian Signature _____ Date _____

Cell Phone # _____ Emergency Phone # _____

Confirmation will be emailed or mailed to you upon receipt of registration.

No refunds will be given if request is made on or after July 15, 2022. If a refund request is received in writing prior to July 15, 2022, a \$100 fee will be deducted from your refund.

In order to reserve a spot, please process payment online or send payment in full along with the Medical Administration Authorization form and a copy of the camper's latest physical form to:

Follow Thru Basketball Camp, Inc.
101 Turner Park Lane, Glenville, NY 12302

**Follow Thru Basketball Camp, Inc.
Medication Administration Authorization**

PARENT AND PHYSICIAN SIGNATURES REQUIRED BELOW***
Please attach your patient's latest physical including immunizations with this form.

INDIVIDUALIZED ORDERS FOR: _____

DOB: _____ WEIGHT: _____

Medication Allergies (Please check the appropriate box.)

Camper has **No Known Drug Allergies**

Camper has the following **Medication Allergies:** _____

Medications including **EpiPens and Inhalers** (Please check the appropriate box.)

Camper **WILL NOT** be taking a prescription medication during the summer

Camper **WILL BE** taking a prescription medication during the summer. (Must have MD orders)

Camper will have an **EpiPen or Inhaler** at camp during the summer. (Please indicate dosage info in the table below)

Standard Over the Counter/PRN Medications

The following medications are available in our Camp Health Center and will be administered at the discretion of an RN if you indicate approval by signing below. Please mark if specific medication **should not** be administered to patient.

DRUG	ROUTE	DOSAGE	Please mark if specific medication should not be administered to patient.	COMMENTS
Tylenol (or generic)	Oral	Per Pkg Instructions		
Motrin, Advil (or generic)	Oral	Per Pkg Instructions		
Sudafed (or pseudoephedrine)	Oral	Per Pkg Instructions		
Milk of Magnesia (or generic)	Oral	Per Pkg Instructions		
Tums	Oral	Per Pkg Instructions		
Pepto Bismol	Oral	Per Pkg Instructions		
Zyrtec (or cetirizine)	Oral	Per Pkg Instructions		
Benadryl (or generic)	Oral	Per Pkg Instructions		
Robitussin/Dimetapp	Oral	Per Pkg Instructions		
Antibiotic ointment	Topical	Per Pkg Instructions		
Hydrocortisone cream	Topical	Per Pkg Instructions		
Antifungal cream, powder, spray	Topical	Per Pkg Instructions		
Allergy eye drops	Topical	Per Pkg Instructions		

**Follow Thru Basketball Camp, Inc.
Medication Administration Authorization (continued)**

Please list any additional standard over the counter/PRN medications, vitamins, or EpiPens that may be administered to the patient.

DRUG	ROUTE	DOSAGE	COMMENTS

Campers **MAY NOT HAVE** any medications, including over the counter, in their bunks. ALL medications, including over the counter, need to be handed in to the Health Center upon arrival with orders! **NO EXCEPTIONS!!**

Parent Name (printed) ****required****

Parent Signature ****required****

Date

Physician's Signature ****required****

Physician's Stamp

The Medical Administration Authorization form with **an attached copy of the patient's latest physical including immunizations** is due **no later than July 25, 2022**. Please mail forms to the address below:

**Follow Thru Basketball Camp, Inc.
101 Turner Park Lane, Glenville, NY 12302**