

2017 ICS BASKETBALL CAMP

Immanuel Christian School proudly announces the annual Warrior Basketball Camp. Learn the fundamentals with your friends in a fun-filled week of skill development and exciting games.



Dates: June 19-23, 2017

Time: 8:30 a.m. - 3:00 p.m.

Eligibility: Boys and girls entering 4th - 9th grades

Instructors will emphasize sportsmanship, character and Christian values. Each day will start with a challenging devotional. Each camper will receive a camp T-shirt and be eligible for other awards.

COST: \$200.00 if registered by May 12th, \$225 after that date. Two or more campers per family: \$175.00 for each additional camper. A non-refundable \$50.00 deposit due at time of registration. Balance due the first day of camp. Campers will need to bring a lunch each day.

CAMP DIRECTOR: Dale Pinkley, Assistant Head of School, loves the game of basketball and has run basketball camps for many years. Many of our school's basketball coaches will be on hand to help demonstrate and assist.

Student's Name: _____ Entering Grade: _____ Circle One: M F

Address: _____ T-shirt size: _____

**Return with \$50.00 deposit to Immanuel Christian School office. 6915 Braddock Rd.
Springfield, VA 22151**

Waiver and release: We the undersigned do hereby release Immanuel Christian School and its employees from any rights and claims for injury resulting in participation in camp activities. I understand my son/daughter will be engaging in physical activity during the program that contains inherent risk of physical injury.

Parent or Guardian: _____

Phone (W): _____ Phone (H): _____

ICS Basketball Camp Medical Information for Non-ICS students

Student Information:

Name: _____ Date of Birth: _____

Height: _____ Weight: _____

Date of last Tetanus Shot (if known) _____

Emergency Contact:

Name: _____ Home number: _____ Cell number: _____

Insurance Information:

Policy Holder: _____ Insurance Company: _____

ID/Policy No: _____ Physician: _____ Phone: _____

Authorization:

I understand that in the event of an emergency the school will call "911" and my son/daughter will be taken to the nearest hospital and that every effort will be made to contact me. I hereby authorize any physician or hospital to render medical treatment which in his/her judgment, may be necessary in the care of my child.

Signature of Parent/Guardian: _____ **Date:** _____

- ICS requires that you are responsible for providing the school with any prescription medication or special food that the student may require during the camp.
- An Allergy Reaction Care Plan, Asthma Inhaler Care Plan, or Generic Care Plan that is signed by your child's physician is required prior to attendance at camp for the following conditions: Severe Allergies, Asthma and Seizure.

Severe Allergies: Allergies which might require ICS staff to administer an Epi-pen require an Allergic Reaction Care Plan.

Insect Stings: _____ **Type of Insect:** _____ **Describe the Reactions:** _____

Treatment Given: _____

Food: _____ **Type of Food:** _____ **Describe the Reactions:** _____

Treatment Given: _____

Medications:_____ **Type of Medication:**_____ **Describe the Reactions:**_____
Treatment Given:_____

(Reactions may include: coughing, wheezing, difficulty breathing, hives, local swelling, generalized swelling, rash, nausea, other)

Asthma: Requires an Asthma Inhaler Care Plan

My child has a history of asthma and needs an inhaler but does not require the use of an inhaler at camp according to his/her physician. Yes:_____ No:_____

My child has asthma and does require an inhaler or another medication that may be needed at camp. Requires an Asthma Inhaler Care Plan. Yes:_____ No:_____

Medication your child is taking for control of asthma._____

Seizure Disorder: Requires a Seizure Care Plan

My child has a history of seizures: Yes:_____ No:_____ If yes, type of seizure:_____

Other Health Conditions:_____

Medications: List all prescription medications your child takes at home or at school including emergency, occasional and routine medications.

Medication 1:_____ Medication 2:_____ Medication 3:_____

Authorization:

I certify that all the information on this form is complete and that, to my knowledge, my child requires no additional medical services during the hours of basketball camp. I understand that I may be required to provide additional information to the school regarding specific health conditions. I further, agree to release, indemnify, and hold harmless any staff or trained volunteer from lawsuits, claims expenses demands or actions, etc., against them for helping this student use medications for which permission is expressly given on this form. Furthermore, I understand it is my responsibility to keep the school informed of any changes to the information contained on this form. I also give permission to have my student's picture used for promotional purposes such as facebook or the school website.

Signature of Parent/Guardian:_____ **Date:**_____