

**HOOPS for HOPE Basketball Camp
Doolittle Community Center
1950 North J Street**

**For More Information Contact Cathy Watson at (702) 378-3795
Fax this form to (702) 220-9280 or email to HoopsForHopeLV@yahoo.com**

YOUTH PARTICIPANT INFORMATION FORM

Participant Name _____ Male _____ Female _____

Date of Birth _____ Age (Mandatory) _____

School _____ Grade (Mandatory) _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Address _____ State _____ Zip code _____

Emergency Contact #1 _____ Phone _____

Emergency Contact #2 _____

Medication: yes ___ no ___
If yes, Medication Release Form must be completed.

Allergies: Hay Fever ___ Milk ___ Insects ___ Poison Ivy/Oak ___ Lotions ___ Other ___

General Information:	Self – Help Skills	Functional ___	Poor ___
	Social Skills	Functional ___	Poor ___
	Behavioral Skills	Functional ___	Poor ___
	Recreational Skills	Functional ___	Poor ___

Other Information _____

Waiver of Claim

For ourselves, and/or on behalf of our named above, our heirs, executive board, and administrators, we hereby do expressly and forever waive and release the Quiet Storm Foundation, and all their respective officers, members, volunteers, agents, and partners from any and all liability for personal injury or damages, sustained, incurred, arising from, or connected with travel to, return from any special events, and all activities related to, or in connection with said activity by ourselves or by our child. During Quiet Storm programs and events, Quiet Storm representatives may take photos of participants that may be used in professionally – designed Quiet Storm publication and promotional materials.

Parent/Guardian Signature _____ Date _____