Montel Smith Basketball Camps

Camper Registration, Medical Information & Liability Waiver

Section 1 – Camper Information

Camper First Name: _____

Camper Last Name: _____

Date of Birth: _____

Age: _____

Grade (Fall 2026): _____

School: _____

T-Shirt Size: _____

Section 2 – Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Camper: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Section 3 – Emergency Contact

Emergency Contact Name: _____

Relationship: _____

Primary Phone: _____

Alternate Phone: _____

Section 4 – Medical Information

Allergies: _____

Medical Conditions: _____

Current Medications: _____

Anything Coaches Should Know: _____

Insurance Provider (Optional): _____

Physician Name (Optional): _____

Section 5 – Medical Authorization

■ I authorize Montel Smith Basketball Camps staff to obtain emergency medical treatment for my child if I cannot be reached.

Section 6 – Liability Waiver

I understand basketball involves inherent risks including falls, collisions, sprains, fractures, and other injuries. I voluntarily allow my child to participate in Montel Smith Basketball Camps and release Montel Smith Camps, LLC, its directors, coaches, volunteers, facility partners, and sponsors from liability for ordinary risks associated with participation, except where prohibited by law.

Section 7 – Photo & Video Release

■ I give permission for photographs/videos to be used on the camp website, social media, marketing materials, and printed materials.

■ I DO NOT give permission.

Section 8 – Camp Standards Agreement

• Respect coaches, teammates, officials, and facilities.

• Demonstrate good sportsmanship.

• Listen and follow instructions.

• Give maximum effort.

• Encourage others.

• Use appropriate language.

• Represent yourself and your family well.

Section 9 – Parent Acknowledgment

By signing below, I certify that all information is accurate, my child is physically able to participate, I understand the camp policies, and I agree to the waiver above.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Section 10 – Camp Use Only

Registration Received: _____

Payment Received: _____

Wristband Color: _____

Coach Notes: _____

Emergency Notes: _____