

2023 BBNS Academy SPORTS CAMP REGISTRATION

Please mail or return forms to 4068 Oakmont Dr. Pontoon Beach, IL or info@bbnsacademy.com

Child's Information

Sex: M F

First Name Last Name

Date of Birth: _____ Age: _____ Grade Level: _____

Camp Enrollment (Circle): Basketball | Football | Both

Child's Shirt Size (*Youth*): XS S M L XL 1X | (*Adult*): XS S M L XL 1X

Parent/Guardian Information

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
First Name Last Name	First Name Last Name
Home Address	Home Address
City, State, Zip	City, State, Zip
Home Phone Work Phone	Home Phone Work Phone
Email Address:	Email Address:

Emergency Contact (Other than you, who can pick up your child?)

Relationship:	Name:	Address:	Phone:
Relationship:	Name:	Address:	Phone:

Child's Medical Information

Insurance Company Name	Member/Policy Number
Policy Holder Name	Employer Name

How did you hear about this sports program?

___ Search Engine (Google, Bing, Yahoo, etc.)

___ Word of mouth

___ Advertising

___ Personal Referral: who referred you? _____

___ Other: _____

Please tell us, in full, about any medical/health, and/or developmental or behavioral conditions, including speech, occupational therapy, or the like, past or present, and any other pertinent information that might aid in the enhancement of your child's sports experience. Use a separate sheet as necessary. We strive to care for children with various needs, but we need your full input to succeed.

Please list all allergies, current medication(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (ie. EpiPen, bee sting kit, or inhaler, etc.), you must supply medication labeled with the child's name and detailed instructions on our Permission to Administer Medication form to the office prior to your child's attendance. Kits are returned if unused.

Financial Agreement Contract:

This Financial agreement is between BBNS Academy and _____, and is
 Parent/ Guardian

enrollment for _____ at BBNS Academy 2023 Sports Program. Please refer to the chart below for dates and pricing, and select your program below.

Child's Name

Children Ages 7-11:

Basketball: Edwardsville High School (Gym B)	Football: Edwardsville High School (Tiger Field)
	July 11 th (11 am-1 pm)
June 26 th (11 am-1 pm)	July 13 th (11 am-1 pm)
June 27 th (11 am-1 pm)	July 18 th (11 am-1 pm)
June 28 th (11 am-1 pm)	July 20 th (11 am-1 pm)
June 29 th (11am-1pm)	July 25 th (11 am-1 pm)
	July 27 th (11 am-1 pm)
<i>Scrimmage Game: June 29th</i>	<i>Scrimmage Game: July 27th</i>
PROGRAM TOTAL: \$100/CHILD	PROGRAM TOTAL: \$100/CHILD

Children Ages 12-15:

Basketball: Edwardsville High School (Gym B)	Football: Edwardsville High School (Tiger Field)
	July 11 th (1 pm-3 pm)
June 26 th (1 pm-3 pm)	July 13 th (1 pm-3 pm)
June 27 th (1 pm-3 pm)	July 18 th (1 pm-3 pm)
June 28 th (1 pm-3 pm)	July 20 th (1 pm-3 pm)
June 29 th (1pm-3pm)	July 25 th (1 pm-3 pm)
	July 27 th (1 pm-3 pm)
<i>Scrimmage Game: June 29th 2023</i>	<i>Scrimmage Game: July 27th</i>
PROGRAM TOTAL: \$100/CHILD	PROGRAM TOTAL: \$100/CHILD

Sports Enrollment (Check):

- Basketball (\$100/child total) SIUE SF Activity Center Room 1420
 Football (\$100/child total) Edwardsville High School Tiger Field
 Both Programs (\$200/child total)

This Financial agreement takes place from June 26th, 2023 - July 28th, 2023. The above-signed parent agrees to pay the set payment in the amount of \$ _____, on _____. Payment for services is to be paid prior to the start of camp.

Provider Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____