



Fulton-Montgomery
Community College

2017 Basketball Camp Registration Form

Complete **ALL** information. **PRINT** clearly. Only one child per form.

Last Name: _____ First Name: _____ MI: _____

Street: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Male Female Grade 2017-18: _____

School: _____ School District: _____

T-Shirt Size Youth: Medium Large Adult: Small Medium Large X-Large (If not selected, a Large will be given.)

Home Phone: (____) _____ - _____ Emergency Phone (Different from Home): (____) _____ - _____

Parent/Guardian Name: _____ Cell Phone: (____) _____ - _____

Can we text? Yes No Email: _____@_____

Parent/Guardian Name: _____ Cell Phone: (____) _____ - _____

Can we text? Yes No Email: _____@_____

Health Care and Assumption of Responsibility

Medical Coverage: _____ Policy#: _____

Primary Care Doctor: _____ Phone#: (____) _____ - _____

Does student have any medical/health-related situations? (Please describe any conditions or issues that we should be aware of, for example: seizures, diabetic condition, allergic to bee stings, allergies, *special needs child, *disabilities, *behavior issues, *food allergies, etc.) No Yes If yes, please explain:

**For any special needs, disabilities, or behavior issues, please contact Admissions Office at least 3 weeks before the first Basketball Camp*

Please list any medications student is taking (even if off them temporarily and why).

Medication: _____ Reason for Medication: _____

Medication: _____ Reason for Medication: _____

In the event of an emergency, please list an alternate emergency contact/pick up person that can pick up your child:

Name: _____ Daytime Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

In signing this form, I understand that the information will be used only in case of a medical emergency and to disclose to Basketball Camp staff anything that may affect my child's health, participation in Basketball Camp activities, or behavior while attending. I understand that Fulton-Montgomery Community College (FM) does not carry any medical insurance for FM Basketball Camp program participants. In allowing my child to participate in this program, I recognize my responsibility, through appropriate insurance or otherwise, to cover all medically-related expenses if such circumstance should arise. I understand that in case of a medical emergency, FM staff will contact me through one of the phone numbers previously given. In the event that I (parent/guardian) or the other emergency contact cannot be reached at the numbers listed, I grant permission to FM to arrange for transportation to a hospital and for medical services to be rendered. I understand and agree that not disclosing relevant information regarding any known behavior or health issues will be grounds for the child's immediate dismissal from the program without a refund.

I grant permission for FM to photograph my child during the FM Basketball Camp and to use these photos to promote FM activities and programs.

Parent/Guardian Signature: _____ Date: _____

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Basketball Camp Selection(s)

Grades 3-5

Camp 1

July 10-July 14

1pm - 4pm

Camp 2

July 31-August 4

9am - 12pm

Camp 3

July 31-August 4

1pm - 4pm

Grades 6-8

Camp 1

July 10-July 14

9am - 12pm

A confirmation will be mailed to all participants.

**If your child is participating in Summer Academy activities as well as Basketball Camp, you may use the season pass if it falls in the same week(s).*

Cost Information Half Day: \$69 per week

*Season Pass **JULY** (July 10-28): \$250

Full Day: \$99 per week

*Season Pass **AUGUST** (July 31-Aug. 18): \$250

Payment Information

Check: Payable to FMCC

Total Enclosed: \$ _____

Visa MasterCard Discover

Account #: _____ Expires: _____ 3 digit code (on back of card): _____

Programs fill quickly on a first come, first served basis. We will contact you if your selected Basketball Camp(s) is full. Mail or deliver completed form with payment to: Basketball Camp c/o Admissions Office, Fulton-Montgomery Community College, 2805 State Hwy. 67, Johnstown, NY 12095. Or fax with credit card information to (518) 762-8011.



Basketball Camp

Parent/Student Information

PARENTS—Please read all information carefully. Completed registration form and payment must be submitted to participate.

Completed Health/Assumption of Responsibility and Photo Release: *REQUIRED FOR YOUR STUDENT TO PARTICIPATE!*

Drop Off: Students are to be dropped off in Raiders Cove. Please have your student here by 8:50AM. Early drop-off begins at 8AM, camp begins at 9AM. For an afternoon camp only drop-off is at 12:50PM. It is suggested that students bring a book or something to keep them occupied while they wait for class.

Student Conduct: Students are expected to be well-behaved at all times. Please accurately complete the health form to inform us of any issues. If a child's behavior creates any disruption for any reason, the parent will be contacted to remove him/her immediately and the child may not be allowed back into the program. No refunds will be given.

First Day of Basketball Camp: Parents/guardians are welcome to meet instructors at Raiders Cove on the first day during the 10 minutes prior to the start of camp.

Food/Snacks: Full Day Basketball Camp will have a daily lunch break from 12pm-1pm. **Students will need to bring their own lunch.** We suggest students bring drinks and/or snacks to be consumed at a break. Vending machines may not be available.

T-Shirts: Every camper who registers on or before June 23rd will receive a t-shirt. Late registrants will not be guaranteed a t-shirt.

Emergencies: If an emergency arises which will delay you picking up your son or daughter on time, please call the following numbers **in order**.

1. (518) 428-6058 Coordinator of Basketball Camp Program – John Furey
(if voicemail, do not leave message – call College Switchboard)
2. **736-3622** College Switchboard, 8 am – 3 pm

Staff and Questions During Basketball Camp Weeks:

Coordinator of Basketball Camp Program – John Furey (518) 428-6058
Admissions Office – Staff **736-3622** ext. 8301

When Camp Ends: *Late Pick-up – At the end of camp (4PM), students will be brought to Raiders Cove to await their parent or guardian. Basketball Camp Counselors will wait with the students until 5 PM. Please arrive no later than 5 PM to pick up your student.*

For the safety of your child, no student will be released to anyone except a parent or guardian unless the student brings a **signed and detailed note** from the parent or guardian telling us otherwise.

Example: “(Date) Johnny Smith’s grandfather, Robert Smith, will be picking up Johnny on Tuesday, July 14 from Computer Construction. – Rebecca Smith”

Please make sure your child knows who will be picking him/her up each day. Children must visually identify whoever is picking them up before we release them.

If an emergency arises, please call us at the above numbers listed under “**Emergencies.**”
If a parent/guardian has not shown after the class ends, the instructor will take the student to Raiders Cove. We understand emergencies arise, but lateness more than once may result in your child being dismissed from the program.

DO NOT ASK YOUR CHILD TO MEET YOU AT A DIFFERENT TIME OR LOCATION.

Refunds:

A refund for a Weekly Class or a Season Pass will be considered only in extreme and unforeseeable circumstances. Season Pass holders will be charged the weekly class rate of \$99 per week for weeks prior to the refund approval. If a student is removed from Basketball Camp due to behavioral issues, no refund will be issued. Processing time to receive a refund is 10 business days. To request a refund please contact the Admissions office at 518-736-3622 ext. 8301.

Thank you for sending your child to our programs! We appreciate your support and interest in the FM Basketball Camp. We welcome your suggestions and comments. Please send to:

**FM Basketball Camp
c/o Admissions Office
2805 State Hwy. 67
Johnstown, NY 12095
Phone: 518-736-3622 Fax: 518-762-8011
www.fmcc.edu**