

# 2019 CBA Winter Basketball Camp Medical Release Form

I/We have adequate insurance coverage and give permission for the following to attend and participate in the Mr. B's CBA winter Basketball Camp.

CAMPER: \_\_\_\_\_  
(Last name) (First) (M.I.)

CAMPER: \_\_\_\_\_  
(Last name) (First) (M.I.)

FAMILY MEDICAL/HEALTH INSURER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

The above listed had a recent physical exam and may participate in all the activities of the CBA camp. I/We give permission for said person(s) to receive treatment of a first aid/emergency nature by the staff, director, nurse, emergency personnel or physician.

I/We agree to hold harmless from and indemnify CBA, the camp director and staff from any claims which may hereafter be incurred as a result of participation in this camp.

\_\_\_\_\_  
(Signatures) (Date)

### Parents/Guardians Phone Numbers:

Name \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Name \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Additional Emergency Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

### Camper's Pertinent Medical Information:

Date of last Tetanus Shot: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

Like us on Facebook: "Mr. B's CBA Co-ed Basketball Camp"

## 2019 The 25th Annual Mr. B's CBA Co-Ed BASKETBALL CAMP



### Winter Session February 18-22, 2019 9 a.m. to 3 p.m.

*A Co-ed Instructional Camp  
for Ages 8-16  
in the CBA Gymnasium*

**Camp Fee \$280.00**

**Camp Fee Includes:**

- All instruction
- Team Snacks
- 2 Camp Shirts
- Individual Medallion
- 3 Exciting Games per Day
- Personal Awards Board
- Your Own Camp Basketball

## 5 Great Days of Camp!

# CBA Basketball Camp

**Registration:** \$280

**Start Time:** Gym Opens at 8:30 a.m.

**Pickup:** By 3:15 p.m.

**Lunch:** Bring your own lunch;  
Put your name on the bag.

**Snacks:** Midmorning and afternoon.

**Drinks:** Juice & milk provided at  
lunch and both snacks. **FREE**  
*Plus iced water all day.*

**Money:** Vending machines also  
available.

**Visitors:** Parents and family members  
are encouraged to attend at  
any time.  
*Come watch them grow!*

**Camp includes:**

- \*Skill instruction
- \*3 games per day
- \*Camp shirts
- \*Medallion
- \*Awards Board
- \*Personal Basketball

## Important Phone Numbers:

Mr. Barnaba at home: 446-9365

CBA Main Office: 446-5960

Camp Cell: 430-4678

*(Camp cell for emergency use only)*

Please keep all numbers available.

## IMPORTANT:

**On Monday, sign in by last name,  
starting at 8:30 a.m.**

# CBA 2019 Winter Registration Form

**Camper #1:**

Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_ New Camper \_\_\_\_ Returning Camper

Age: \_\_\_\_ Grade: \_\_\_\_ Circle: Boy or Girl Name for Awards Board: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Age Group Preference (Circle): 8-10 11-13 14-16 May be adjusted to ensure you have a great camp

Adult T-shirt size (Circle): S M L XL

Friend(s) also attending camp: \_\_\_\_\_

**Camper #2:**

Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_ New Camper \_\_\_\_ Returning Camper

Age: \_\_\_\_ Grade: \_\_\_\_ Circle: Boy or Girl Name for Awards Board: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Age Group Preference (Circle): 8-10 11-13 14-16 May be adjusted to ensure you have a great camp

Adult T-shirt size (Circle): S M L XL

Friend(s) also attending camp: \_\_\_\_\_

**Make check payable to Gary Barnaba and mail to:  
CBA Camp, 929 Northway St., Syracuse, NY 13224**

**Cost \$280 per camper**

*Family Discount \$10 per camper when 2 or more from the same family attend.  
NOTE: Make sure the medical form on reverse side is also completed when you mail in.  
Questions: Contact Mr. Barnaba 446-9365 (H) or E-Mail: [gbarnaba@twcny.rr.com](mailto:gbarnaba@twcny.rr.com)*