



DIVERSECITY

BASKETBALL & HEALTH CAMP

STRONGER TEAMMATES. BETTER PLAYERS. THOUGHTFUL CITIZENS.

**Hosted by NURTURE Center, Cardiology Division
UCSF Medical Center**



Boys & Girls Grades 4-9

DATES: June 26 – June 30

TIME: 9am - 4pm

**PLACE: UCSF Mission Bay Campus
1500 Owens Street, San Francisco**

**FEE: \$375 per attendee
scholarships available**

QUESTIONS?

Contact Coach Mike Fratangelo

Phone: (412) 512-3199 or E-mail: mike@teamdiversecity.org

FOR MORE INFO VISIT WWW.TEAMDIVERSECITY.ORG

DIVERSECITY

SUMMER 2017 BASKETBALL PROGRAM REGISTRATION FORM SAN FRANCISCO – NURTURE Center, Cardiology Division, UCSF Medical Center

Camper Information

First Name _____ Last Name _____
Gender (Circle One) Female Male Date of Birth (dd/mm/yyyy) _____
Grade _____ School _____
Parent/Guardian First Name _____ Parent/Guardian Last Name _____
2nd Parent/Guardian First Name _____ 2nd Parent/Guardian Last Name _____
Home Phone (_____) _____ Alternative Phone (_____) _____
Street Address _____
_____ State _____ Zip Code _____
Parent/Guardian E-Mail Address _____
Camper E-mail Address (Optional) _____

Insurance Information

Please note: We DO NOT provide health and/or medical insurance. Campers must rely on their parent/guardian's medical services. Insurance information must be included on this application. Minor sports injuries will be treated by an on-site athletic trainer. DiverseCity waives all responsibility for treatment of camp related injuries.

Health Insurance Provider _____
Agreement/Plan # _____
Policy # _____

Agreement

I hereby authorize the staff of DiverseCity to act for me in accordance with their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program, as outlined on this website.

DiverseCity Enterprises, Inc. has my permission to use photographs and/or video recordings of my child publicly to promote its programs. I understand that the images and/or video may be used in print publications, online publications, presentations, websites, social media and other similar forms of use. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I understand and agree to all terms of the application mentioned above.

Parent/Guardian Signature _____ Date _____

Payment

Camp Fee **\$375** (Scholarships are available.) Check of money order made payable to "DiverseCity, Inc." Please mail to the following address:

DiverseCity Inc.
916 East End Ave
Pittsburgh, PA 15221

Please return this form to Mike Fratangelo @ Mike@teamdiversecity.org.