



Application Form

“LA Experience 2020”

Camper's Name	
Date of Birth	
Age / Sex	
Nationality	
Address	
School	
Grade / Year	
E-mail	
Passport number	
* Please attach a copy of the picture page of your passport	
Shirt size (S-XXXL)	
Pants size (S-XXXL)	
Height	
Weight	
Mother's name	
E-mail	
Telephone number	
Father's name	
E-mail	
Telephone number	
Emergency Contact	
E-mail	
Telephone	

After school program: Attend _____ Not Attend _____

What Top Flight should know? _____

Feel free to let us know your concerns



Health Form

"LA Experience 2020"

Participant's

Last Name _____ First Name _____

PHYSICIAN'S INFORMATION *(to be completed by physician)*

Physician's Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

DOES THE PARTICIPANT CURRENTLY HAVE ANY OF THE FOLLOWING? (if yes, please describe)

Drug allergies: _____
Food allergies: _____
Allergies to insect bites: _____
Special dietary needs: _____
Asthma: _____
Frequent headaches: _____
Dizziness or seizures: _____

LIST: Other health problems: _____

Limitations of Activities: _____

Medications the camper is currently taking: _____

(Please note: Our staff cannot administer any medications, prescription or non-prescription to campers. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the camper will need to take medications while attending our program, s/he must bring the medication to camp and assume responsibility for taking it as needed or indicated.)

Will the participant require any specific treatment for a medical/emotional condition while participating in our program? If yes, please explain: YES NO

MEDICAL HISTORY

IMMUNIZATION DATES:

Measles _____
Mumps _____
Rubella _____
Or MMR _____
Last Tetanus _____
(DPT, TT or TD)
Polio Series completes _____

Date of last medical check-up: _____

Hospitalizations in the past 5 years, describe:

I have examined the above named participant and found she/he to be able to participate in all activities of the Top Flight Bangkok Basketball Academy Summer Program in Los Angeles.

Signature of Physician

Date

Waiver

“LA Experience 2020”

Dear Parents, please read and sign!

My child has permission to engage in all prescribed camp activities except as noted. I give permission to Top Flight to use photographs, video and audio recordings of my child in camp publicity and to transport my child as needed for camp activities. The information provided on these forms is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations, which should be known to the camp staff and medical personnel. I hereby give permission to medical personnel selected by the camp director to order x- rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel to secure and administer emergency medical treatment, including hospitalization for my child.

Signature of Parent or Guardian

Date



Letter of Consent

“LA Experience 2020”

WE _____ (name of the father)
AND _____ (name of the mother)
PARENTS OF _____ (name of the child) **DO HEREBY**
GIVE OUR CONSENT for him/her to travel to the United States of America for vacation
and sport education purposes with IKENNA NWANKWO, passport #565734487
(President of Top Flight Basketball Co., Ltd.,)
For the duration of her/his stay, July 10 – 28, 2020 he will be staying
at University of California, Los Angeles, 405 Hilgard Ave, 90095.

This letter of consent is being issued this _____ day of _____ 2020 at
_____ in compliance with immigration requirements for minors traveling to
The United States of America not accompanied by or joining either parent.

Name of the Father / Signature

Name of the Mother / Signature