BASKETBALL CAMP

REGISTRATION

Name					Age		_Gra	de	coming Schoo	l Year
Address					City					
Telephone			14/					> - 11		
				ork				Cell		
Shirt Size (Circle One)	Youth:	S	Μ	L	•	Adult:	S	М	L	
MEDICAL RELEASE										
As the parent/legal guardian of player be admitted to any hospi dentists, and staff, duly licensed nurses, to perform any diagnostic the above minor. I have not bee minor. I authorize the hospital or player.	tal or medical as Doctors of <i>l</i> c procedures, n given a gua	facility Medici treatm rantee	of for diag ne or Do nent prod e as to th	gnosis and octors of D cedures, one results o	d treatment Dentistry or operative portion of the contraction of the c	. I reque other suc rocedur ion or tr	est and ch lice es and eatme	d autho ensed t d x-ray ent of t	orize phys techniciar treatmer the above	icians ns or nt of ə
Date of Player's Birth/_	Day / Year		Da	te of Last	Tetanus Bo	oster	onth	/	// y Yed	 ar
Known allergies of this player, inc	cluding any alle	ergies	to medi	cine						
Any other medical problems whi	ch should be r	noted			Use reverse s					
5 11 DI										
Family Physician										
Family Dentist					Phone	-				
Name of Parent/Guardian										
Address										
City/State/Zip										
Phone (H)	(W)				(C	C)				
Person responsible for charges (if	different from	abov	e)							
Address										
City/State/Zip										
Phone (H)	(W	')				(C)				
Insurance Carrier					Policy	Number				
Person to notify is parent/ guardi	an is unavailal	ole								
Phone (H)	(W	")				(C)				
Signature of Parent/Guardian										