BASKETBALL CAMP July 22-25 - 6-8pm

REGISTRATION

Name					Age _		Grade	Upcomi	ng School Year
Address					City			·	
Telephone				Work			Ce	II	
Child's Shirt Size (Circle)	Youth S	ΥM	YL	Adult S	AM	AL	AXL	II	
MEDICAL RELEASE									
As the parent/legal guardiplayer be admitted to any dentists, and staff, duly lice nurses, to perform any diag the above minor. I have no minor. I authorize the hosp player.	hospital or mensed as Doc gnostic proce ot been giver	nedical fortions of Medures, transports to the decident of the	acility for edicine eatmen antee a	or diagnosis and or Doctors of I of procedures, of the results	d treatmen Dentistry or operative p of examinc	t. I requ other su procedu ition or t	est and output licen in the same of the sa	authorize sed tect x-ray tre at of the	e physicians hnicians or eatment of above
Date of Player's Birth	/ th Day	/Year	_	Date of Last	Tetanus Bo		// Month		/ Year
Known allergies of this play	er, including	any allei	rgies to	medicine					
Any other medical probler	ns which shou	uld be no	oted		Use reverse	side if ne	eded		
Family Physician					Phone	=			
Family Dentist									
Name of Parent/Guardian									
Address									
City/State/Zip									
Phone (H)		(W) _							
Person responsible for cha	rges (if differe								
Address									
City/State/Zip									
Phone (H)		(W)				(c)		
Insurance Carrier					Policy	Numbe	er		
Person to notify is parent/	guardian is ur	navailabl	le						
Phone (H)		(W)				(C	C)		
Signature of Parent/Guard	ian								