

**2009 SUMMER BASKETBALL/VOLLEYBALL CAMP
REGISTRATION FORM**

Name: _____ DOB: ____ / ____ / ____ Age: _____

Address: _____

City: _____ Zip: _____ Tel: _____

E-mail: _____

(Please supply to receive confirmation of acceptance into program.)

T-Shirt Size: Please Circle (Y=Youth, A=Adult) YM YL AS
AM AL AXL

Medical Information

Emergency Contact: _____ Tel: _____

Dr./Medical Group: _____ Tel: _____

Insurance: _____ Policy #: _____

My child may be given: Tylenol Advil Tums Other: _____

Any allergies, medications needed, and/or special restrictions or concerns: _____
