



SPORTS CAMP REGISTRATION FORM

(Please circle)

FOOTBALL CAMP BOYS BASKETBALL CAMP GIRLS BASKETBALL CAMP

SOCCER CAMP SESSION I FISHING CAMP SKATEBOARD CAMP

SOCCER CAMP II TENNIS CAMP VOLLEYBALL CAMP GOLF CAMP

CAMPERS INFORMATION

CAMPERS NAME: _____ DOB: _____

CAMPERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENTS NAME (IF MINOR): _____

HOME PHONE: _____ MOBILE PHONE: _____

EMERGENCY INFORMATION

DOCTOR'S NAME: _____ PHONE NUMBER: _____

EMERGENCY CONTACT PERSON: _____

MEDICAL PROBLEMS: _____

CAMPER SIGNATURE: _____ DATE: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

