

Crimson Tide Basketball Camp Registration

PLAYERS NAME _____ GRADE NEXT SCHOOL YEAR _____

ADDRESS _____ MALE _____ FEMALE _____

PHONE _____

Tee Shirt Size (circle one) Youth S M L Adult S M L XL XXL

LEVEL OF PLAY DURING LAST SEASON

___ SATURDAY MORNING PROGRAM

___ RINKS (2ND-4TH GRADE)

___ JUNIORS (5TH-6TH GRADE)

___ JUNIOR HIGH

FATHER'S NAME _____ HOME PHONE _____ CELL # _____
EMAIL _____

MOTHER'S NAME _____ HOME PHONE _____ CELL # _____
EMAIL _____

EMERGENCY CONTACT _____

INSURANCE _____

HEALTH CONCERNS _____

I hereby consent for my child to participate in the Crimson Tide Basketball Camp sponsored by the Columbia High School Basketball Booster Club. I agree that my child and I will comply with the rules and regulations of the camp. I understand that injury can be sustained while playing and hereby release the CHS Basketball Booster Club, officers, directors and coaches from any injuries that my child may sustain.

PARENT/GUARDIAN SIGNATURE _____ DATE ___/___/___

A confirmation e-mail will be sent to participants once the registration form and payment are received. Please provide an e-mail address that you would like the confirmation sent to in the space below. We will also use this e-mail address to communicate any important information regarding camp details.

E-mail Address _____