



Beth O'Boyle Basketball Camps
SUMMER 2018

Day Camp: July 16th-20th
Elite Camp: August 4th
Team Shootout: June 30th

Camp Attending:

Registrant Name:	Email:
Home Phone:	Cell Phone:
Address:	City:
State or Province:	Zip Code:
Age at Time of Camp:	Date of Birth (m/d/yyyy):
Grade in Fall 2017:	School Name:
Shirt Size:	Promo Code:

Parent/Legal Guardian Name:	Parent/Legal Guardian Phone (###-###-####):
Emergency Contact Name:	Emergency Contact Phone (###-###-####):



Waiver



I certify that the individual named above is in good physical condition and is capable of taking part in all camp activities. If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the number provided. If contact with me is not possible, I give permission for medical attention to be administered.

Do you agree to the terms of our risk and release policy statement as seen above?

Signature: _____

* Check made be made payable to Beth O'Boyle Basketball Camp