

# **REGISTRATION FORM FOR PARK VISTA BOYS**

## **BASKETBALL OFF-SEASON SUMMER CAMP**

(Please turn in this registration, as well as the summer liability form, **with your payment**, on the first day of your summer session!)

**\*\*\*Please Print Clearly\*\*\***

**Full Name of participant** \_\_\_\_\_ **Grade Entering** \_\_\_\_\_

**Address** \_\_\_\_\_

**Cell Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**School Attended Last Year** \_\_\_\_\_ **Grade Next Year** \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Desired Position** \_\_\_\_\_

**Number of Years Playing Basketball** \_\_\_\_\_ **Please describe any physical limitations you may have at camp. Include any related surgeries, medications etc.** \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_ **Cell Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_ **Cell Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Emergency Contact Full Name** (Other than Parent) \_\_\_\_\_

**Cell Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Primary Doctor's Name** \_\_\_\_\_ **Office Number** \_\_\_\_\_

**Please use the back of this paper to write down any other information you feel is important for the coaches to know about you.**

**-----DO NOT WRITE BELOW THIS LINE-----**

**Coach Receiving Registration** \_\_\_\_\_ **Date** \_\_\_\_\_

**Amount Paid \$** \_\_\_\_\_ (**\_\_\_\_\_ Paid for summer \_\_\_\_\_ Paying Per Session**)

**Check one** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Check (#** \_\_\_\_\_ **)**