

# Summer Basketball Camp Registration



Athlete's Name

Email

Age

Phone #

Grade

Gender

☐

Male

☐

Female

Address

Street Address

City

State / Province

Zip / Postal Code

**Dates of Camp:** June 17- 20th / July 29 - August 1st  
(Circle one)

**Shirt Size**

**Does the Athlete have any allergies or medical conditions? If yes,  
please describe**

