

# OLD SCHOOL BASKETBALL

PLAYER NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT NAME \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

Parental Consent: I acknowledge my Son/Daughter is in good physical health and can participate safely in a camp setting. I will not hold staff of liable for any injury to my child as a result of participation.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**WEEKS (CIRCLE ATTENDING WEEKS)**

**JULY 6-10    JULY 20-24    AUGUST 3-7**