

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 7-11

JULY 21-25

AUGUST 4-8