

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 or liable for any injury to my child as a result of participation.

Parent Signature _____

Date _____

DAYS (CIRCLE ATTENDING DAYS)

FEB 17 FEB 18 FEB 19 FEB20

