PLAYER REGISTRATION FORM

FIRST NAME:	LAST NAME:	
ADDRESS:		
CITY:	STATE:	ZIPCODE:
PHONE NUMBER: ()		
EMAIL:		
AGE:	GRADE STARTING IN A	NUGUST:
PARENTS/GARDIANS' NAME:		
PARENT'S PHONE NUMBER: ()		
PARENTS/GUARDIAN'S EMAIL:		
WHO SHOULD WE CONTACT IN CASE OF EMERGENCY:		
EMERGENCY CONTACT PHONE:		
PARENT/GUARDIAN'S SIGNATURE:		DATE:

Your signature attests that you are the authorized legal person for the player mentioned above. You also permit the player(s) to participate in the rigorous basketball boot camp. It is understood that the player must be on time and participate in the activities. Any missed time is not refundable. The Camp will provide basketball skills and fundamental training; the outcomes are individual, and the camp guarantees no expectations.

SMART HOOPS
BASKETBALL BOOT CAMP
WWW.SMARTHOOPSBASKETBALL.LIFE