

# Cavaliers Boys' Basketball Camp Registration Form



## Personal Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Health Card #: \_\_\_\_\_

List ANY health concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Equipment Required

- Indoor basketball shoes
- Shorts and t-shirt
- Water bottles

## Parental Consent

My son, \_\_\_\_\_, has my permission to take part in the Woodland Cavaliers Boys' Basketball camp from **August 16** to **August 20**.

I acknowledge that athletic activities come with some risk of injury and I release the coaches from liability in the event that my son is hurt.

Parent's Name: \_\_\_\_\_ (Please print)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

