

Cavaliers Girls' 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 daughter, _____, has my permission to take part in the Woodland Cavaliers Girls' Basketball camp on **Aug 30th, Aug 31st, Sept 2nd, and Sept 3rd**. I acknowledge that athletic activities come with some risk of injury and I release the coaches from liability in the event that my daughter is hurt.

Parent's Name: _____ (Please print)

Parent's Signature: _____ Date: _____

