

NOTRE DAME BASKETBALL CAMP

Registration Form

Camper's Name (First & Last): _____

Parent/Guardian Name: _____

Cell Phone Number: (____) _____ E: mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

AGE: _____ DOB: _____ Grade (Entering in the fall): _____ School: _____

Experience Level: ___ Beginner ___ Intermediate ___ Advanced

Have you attended this camp before: ___ Y or ___ N

T-Shirt Size (Adult Sizes- Please Circle): S M L XL

Emergency Contact:

NAME (First & Last) _____ Relationship: _____

Phone: (____) _____ E-mail: _____

Medical: Any medical information that the camp staff should be aware of:

Payment: (\$100) per camper – by 6/19 (\$135) after 6/19

Make checks out to: ***Lady Crusaders Basketball***

I hereby authorize the staff of the Elmira Notre Dame Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the camp from any and all liabilities for injuries incurred while at camp.

Parent or Guardian Signature: _____

Permission for my child to be photographed or recorded for publications/presentations created by Elmira Notre Dame Basketball Camp.

_____ Yes, permission granted _____ No, permission denied

Permission for my child to be photographed, recorded or interviewed by the media.

_____ Yes, permission granted _____ No, permission denied

Permission for my child's picture to appear on the web sites and Facebook pages created by Elmira Notre Dame Basketball Camp.

_____ Yes, permission granted _____ No, permission denied