

Elgin Basketball Camp Registration Form

Name _____

Current Grade (2020-2021 school year) _____

T-Shirt size _____ (adult or youth)

My son _____ has my permission to participate in the Elgin Basketball Camp under the direction of the Comet Boys Basketball Coaching Staff.

I give my permission for my son to receive emergency treatment by the appropriate coaches and/or athletic trainers as may be necessary to ensure the welfare of my son. This includes transportation and medical care, if necessary, by professional medical personnel. I expect every effort to contact me in order to receive authorization before any treatment or transportation to an emergency room occurs.

I agree to accept any and all liability in case of an injury or accident.

Parent name print: _____ & signature _____

Address: _____

Primary phone number: _____

Secondary phone number: _____

Family Doctor: _____

THIS REGISTRATION FORM AND THE CAMP FEE CAN BE RETURNED TO YOUR BUILDING SECRETARY. WALK UP REGISTRATION IS ALLOWED THE DAY OF CAMP WITH THIS FORM AND THE CAMP FEE. THANKS FOR YOUR COOPERATION WITH THIS FORM.

THANK YOU FOR YOUR SUPPORT

GO COMETS!