



Team Camp Player Registration

Select Camp:

- June 6 – High School Team Camp (\$40/Player)
- June 7 – Junior High Team Camp (\$40/Player)

Team Name: _____

Camper's Name: _____

Grade (2019-20) _____ T-Shirt Size: _____

Parent/Guardian Name: _____

Contact Address: _____

Contact Phone: _____

Contact E-Mail: _____

Medical Release

I hereby authorize the directors of Bearcats Basketball Camp to act for me, according to their best judgment in any emergency requiring medical attention to my daughter. This is to include x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care. I hereby release the Bearcats Basketball Camp and all their employees and agents from any claims, which may hereafter be presented by my daughter as a result of any such injuries. I know of no mental or physical problems that might affect my child's ability to safely participate in this camp.

Parent or Guardian Signature

Date

Cell Phone

Work Phone

Return Application to:
SBU Women's Basketball, 1600 University Avenue, Bolivar, MO 65613