

## **Team Camp – Player Registration**

### Select Camp:

- □ June 1 Junior High Team Camp (\$40/Player)
- □ June 2 High School Team Camp (\$40/Player)

Team Name:		
Camper's Name:		
Grade (2020-21)	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



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