

DELAWARE BASKETBALL CAMP

2018 Registration



CAMPER'S NAME _____

DATE OF BIRTH: _____

AGE: _____

SCHOOL: _____

GRADE: _____

T-SHIRT SIZE: Adult Small _____
(Please Check) Adult Medium _____
 Adult Large _____
 Adult XL _____

MEDICAL INSURANCE CO.: _____

POLICY NO.: _____

**We do NOT provide Health and Accident Insurance*

FAMILY DOCTOR: _____

DOCTOR'S PHONE: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PARENT'S / GUARDIAN NAME: _____

HOME PHONE: _____

EMAIL ADDRESS: _____

CELL PHONE: _____

EMERGENCY CONTACT'S NAME: _____

HOME PHONE: _____

CELL PHONE: _____

CURRENT MEDICATIONS: _____

ALLERGIES: _____

MEDICAL CONDITIONS: _____

TETUNUS IMMUNIZATION: _____

PARENT SIGNATURE: _____

**Registration will NOT be processed without the above information*

Group/Comments (if applicable):
