

2008 Wildcat Basketball Day Camp Enrollment Form

PLEASE PRINT

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

Camper's Date of Birth: _____ Age: _____ Grade Just Completed: _____

Camper's Shirt Size:	<input type="checkbox"/> Child-Small	<input type="checkbox"/> Adult-Small
	<input type="checkbox"/> Child-Medium	<input type="checkbox"/> Adult-Medium
	<input type="checkbox"/> Child-Large	<input type="checkbox"/> Adult-Large
	<input type="checkbox"/> Child-XL	<input type="checkbox"/> Adult-XL

Date of Camper's Last Tetanus Shot: _____

List of Allergies: _____

List All Medications & Dosages: _____

I give my permission to the child named above to attend the 2008 Wildcat Basketball Day Camp. I hereby release Trigg County High School, Coach Mike Wright (Camp Director), its coaches and players from all claims on account of injuries/illnesses which may be sustained by my son/daughter while attending the 2008 Wildcat Basketball Day Camp. If any emergency requiring medical attention occurs, I authorize the Camp Director to act in my behalf.

Signature: _____

Print Name: _____

Date: _____

Emergency Contact Person (if unable to reach the Parent/Guardian listed above):

Name: _____

Phone: _____