

Alice Lloyd College Women's Basketball Camp Registration Form

Return application to: Coach David Adams
198 Carr Creek Hill Rd
Red Fox, KY 41847

Home Phone: 606-642-3299
Work Phone: 606-368-6069
Cell Phone: 606-634-4633

Name: _____ Age: _____ Height: _____ Weight: _____

School: _____ Grade Level Completed: _____

Parent(s) Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____

T-Shirt Size: (Adult or Youth) _____

Medical Concerns: _____

*Complete and return this application along with the \$100.00 fee (or a non-refundable deposit of \$50.00 with the balance due on arrival). Return as soon as possible because enrollment is limited.
Make check payable to: David Adams Basketball Camp

Realizing that the activities of this camp are strenuous and accidents can occur, I hereby grant permission for the camp staff to have my child treated by a physician if necessary. My child is physically fit according to our family physician. In the event of an injury, I waive any claim of liability against the Alice Lloyd College Basketball Camp or its Director.

Signature (Parent or Guardian): _____

Insurance Company: _____ Policy #: _____