

Registration Number _____

High Point Academy Basketball Camp Registration Form

Player's Name _____

Street Address _____ Apt# _____

City _____ State _____ Zip Code _____

Home Phone _____

School _____ Grade _____

Player's Date Of Birth ____/____/____ Age _____

Father's Name _____ Cell Phone # _____

Mother's Name _____ Cell Phone #: _____

Guardian Name _____ Cell Phone #: _____

*Email: _____ (print clearly)

Preferred Physician _____ Phone #: _____

MINOR RELEASE; AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND GIVE MY CHILD (S) PERMISSION TO PARTICIPATE IN THE HPA BASKETBALL CAMP.

PARENT/GUARDIAN SIGNATURE _____

DATE _____