



BASKETBALL CAMP

AT TABERNACLE CHRISTIAN SCHOOL

Office Use Only

date paid: _____

cash

check

card

Player's Name _____ Birth Date ___/___/___

Address _____ City _____ State _____ Zip Code _____

Grade (next year) _____ School _____

Parent/Guardian Name _____

Phone _____ E-mail _____

Is the player covered under a private medical plan? Yes No

Insurance Company Name _____

Policy Number _____

Please indicate shirt size. YS YM YL AS AM AL AXL A2XL

My child has permission to participate in the Instructional Basketball Camp. I will not hold the camp or its representatives liable in the case of accident or injury incurred while participating. I authorize the services of a licensed, practicing physician should an emergency arise and a parent/guardian cannot be reached. I hereby release Tabernacle Baptist Church/Christian School from any liability which might result from such emergency treatment.

Parent/Guardian Signature _____ Date _____