



**CAMP/CLINIC REGISTRATION FORM**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Current Grade / School: \_\_\_\_\_

Are you already on the email mailing list? Yes or No

Do you wish to be on the email list? Yes or No

Do you practice every day? Yes or No

Would you like additional information on our individual, group, or team workouts? Yes or No



## MEDICAL RELEASE FORM

**I, \_\_\_\_\_, the undersigned parent/guardian of \_\_\_\_\_, do hereby authorize the above child to attend the HHB / BBI program. I know that participation in basketball may result in injuries to this child and in case of injury, I will not hold HHB / BBI and/or its staff responsible for injury. I hereby authorize any qualified physician to provide necessary medical care or attention to this child in the event of an emergency situation.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent or Guardian