

# ALL NET Basketball Camp Registration

Please fill out and send along with a \$125 check payable to ALL NET Basketball Camp to

Jeff Davis, 9 Hidden Oaks Drive, Colchester, VT, 05446

Name of Camper: \_\_\_\_\_

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

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: (Entering In the Fall) \_\_\_\_\_ Shirt Size: \_\_\_\_\_

In Case of

Emergency, Notify #1 \_\_\_\_\_

#2 \_\_\_\_\_

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Work # \_\_\_\_\_

Home # \_\_\_\_\_

Mobile # \_\_\_\_\_

Release Statement:

I understand the potential risk of injury involved in playing basketball, and will not hold any staff member responsible for such injury.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_