

COMS
2019 Summer Camp
Basketball Registration Form

Child's Name: _____ Gender: _____ Grade: _____ Age: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell: _____ School: _____

Parent/Guardian's Name: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Hospital in case of emergency: _____

Shirt size: (Circle one) Youth S M L Adult: S M L XL XXL

Special Request: _____

Insurance information _____

Waiver

I, _____, the parent/guardian of the registrant, a minor, do agree and will abide by all the rules of the COMS Summer Basketball Camp (CSBC). I recognize the possibility of physical injury associated with participating in CSBC sponsored activities, and in consideration for the CSBC providing these activities and do release the CSBC and its staff members from all liability for any injuries sustained while on CSBC property and/or participating in CSBC activities.

Signature of Parent/Guardian

Date