

# Bulldog Basketball Registration

## Application for the Basketball Camp

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

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

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

Grade: \_\_\_\_\_ (2019/2020 school year). Tshirt Size: \_\_\_\_\_

### Consent for Emergency Care

Be it known that I, the undersigned parent or guardian of the above named student do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgement of said doctor or hospital, may be required, or an emergency basis in the event said student be injured or stricken ill while at camp.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

1-2 grade = \$35.00    \_\_\_\_\_ Check    \_\_\_\_\_ Cash

3-6 grade = \$50.00    \_\_\_\_\_ Check    \_\_\_\_\_ Cash

7-12 grade = \$80.00    \_\_\_\_\_ Check    \_\_\_\_\_ Cash

FAMILY DISCOUNT: \_\_\_\_\_ (please x family discount and list names and grades below of family members if you qualify by calling SHS coaches, Joni Ellsbury or Nick Olson).

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

PLEASE MAKE CHECKS OUT TO BOOSTER CLUB  
REGISTRATION DUE BY MAY 16, 2019

Registration and payments can be dropped off at SHS office or mailed to P.O. Box 850  
Sundance, WY - 82729. ATTENTION: BBALL CAMP