

EHS Wildcat Basketball Camp June 6-8, 2016 @ Wildcat Arena

Name _____ Age _____ Ht _____ Wt _____ Grd (next yr) _____

Address _____ City/State _____ Zip _____

Phone _____ Cell _____ Email _____ T-shirt size _____

School _____ City/State _____

Parent/Guardian Name(s): _____

I would like to improve on my: (*circle one*) Post Play Guard Play Both

MEDICAL INFORMATION

List any allergies: _____

List any other player disabilities: _____

Recent surgeries/injuries: _____

Emergency Contact (Name) _____ (Phone) _____

I hereby request my son, daughter, or ward to be admitted to the Enterprise High School Next Level Basketball Development Camp and authorize the camp director to act for me according to their best judgment in any emergency requiring medical attention for which services I shall pay.

Parent Signature _____ Phone _____

PAYMENT INFORMATION:

Pricing Guide: \$65.00—Registration fee

\$100.00—*Special Family/Buddy Rate for **2 Campers** (Save \$30.00)

Select form of Payment: Check _____ (payable to EHS Basketball)

Money Order _____ (payable to EHS Basketball)

Mail or bring payment in person to: Enterprise High School

1800 Boll Weevil Circle

Enterprise, AL 36330