



# REGISTRATION FORM 2012



Please complete this form and mail the application with your check made payable to: **Dream Big Basketball**. Please mail any balance due for summer camps on or before July 1<sup>st</sup>. Please fill out separate registration forms for each sibling, but may pay with one check.

Camper's Name: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position (please check all that apply)

Point Guard     Shooting Guard     Forward     Center

T-shirt size (Women's sizes) please check one

S     M     L     XL

### Basketball Experience

\_\_\_\_\_  
\_\_\_\_\_

**Full day Summer Camps** (please check desired camp/camps)

Miss Porter's School, CT  
Dates to be determined    Grades 6-12    Cost: \$350

East Longmeadow HS, MA  
August 6-10    Grades 5-10    Cost: \$275

Camp Fee \_\_\_\_\_

Less One Discount \_\_\_\_\_ (sibling, multiple, group)

Amount Enclosed \_\_\_\_\_ (\$100 deposit/or full payment)

Please mail registration form with \$100 deposit/or full payment to:

Dream Big Basketball Camp  
PO Box 6055  
Holliston, MA 01746



# MEDICAL RELEASE



It is necessary that our on-site camp sports medicine trainer have permission to administer treatment in the event of an accident or sudden illness.

Camper's Name: \_\_\_\_\_

List of conditions physicians should be aware of: \_\_\_\_\_

Allergies: \_\_\_\_\_

**I hereby authorize any medical treatment which may be advised or recommended by the attending camp sports medicine trainers for**

(camper's name) \_\_\_\_\_

**while at Dream Big Basketball Camp.**

Insurance Coverage for accidental injury is required by all participants.

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

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

It is understood that accidental injury may result from camp participation. I hereby release Kara Wolters and Dream Big Basketball, LLC from any and all claims which might arise from my child's participation in the Dream Big Basketball Camp.

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



## MANDATORY PHYSICAL EXAM & IMMUNIZATION



Registration WILL NOT be complete until all Dream Big Campers submit a copy of their most recent physical exam and immunization records to our office with your application, or as soon as possible thereafter. In order to participate at the camp, this physical must have taken place within the last year and state that there is no reason(s) to restrict full participation in camp activities. Due to the Board of Health regulations, each camper must submit an updated copy of most recent physical & immunization record regardless of previous attendance at camp.

A confirmation letter will be sent to each camper after the receipt of registration, check, and medical form.