Charlie Bradley's Hoop Dreams 2024 Summer Youth Basketball Camp July 15th thru 18th and July 22nd thru 25th

Week	#1	Week # 2
	<u>Registratio</u>	<u>n Form</u>
A family with mor will receive a \$25		or any enrollment prior to July 9th, or use <u>"CASH App"</u>
Full Name ————		
street Address		
City	State 7.1	p Code
Phone:	E-mail address	:
	<u>Player Stati</u>	<u>stics</u>
Date of Birth	Last Season Played	Position (s) Played
May we contact you for Additional Comments:	r future events? Y	ES NO D

Contact Information Form

Name of Participant:	
Parent or Guardian:	
Telephone Number:	
Emergency Contact Name:	
Telephone Number: (1)	
Individuals Authorized to Pick up Participant: (1)	
(2)(3)	
Telephone Number: E-ma	il address:
Medical History	<u>Dry</u>
Please list any medication and / or medical histor	ry that we should be aware of.
Parent / Guardian Signature :	Date
This form MUST be physically signed by the parent will not suffice.	or guardian. An electronic signature
Please specify shirt size	