

DB REGISTRATION FORM 2020

Please complete this form and mail the application with your check made payable to: **Dream Big Basketball**.

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 (Adult sizes) please check one:

S M L XL

Basketball Experience

Dream Big Basketball Camp

American Int. College (AIC)
125 Cortland St., Springfield, MA
August 3rd-7th/Grades 5-10

Camp Fee \$310.00

Less One Discount _____ (sibling \$20 each)

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 trainer 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.

Make checks payable to: Dream Big Basketball