



COLTS BASKETBALL SUMMER CAMP REGISTRATION FORM

Registration Name:

Age: Current Grade

T-Shirt Size: Child S M L XL
 Adult S M L XL

Phone #:

Alberta Health Care Card Number:

Waiver/Release:

I give my child permission to attend and participate in these activities provided by the Colts Summer Camp. I also give permission to coaches to seek and obtain any medical services in case of emergency.

Name/Signature of parent/guardian:

Date signed:

Return and e-transfer to evanmueller@hotmail.com

\$75 paid