Charlie Bradley's Hoop Dreams 2025 Summer Youth Basketball Camp

July 14th thru 17th		July 21st thru 24th		
Week #	1	Week # 2		
	<u>Registra</u>	ation Form		
will receive a \$25.0	than one child enro O discount.	olled or any enrollment pr ndley or thru Cash App	ior to July 9th,	
Full Name ————				
Street Address				
City	State	Zip Code		
Phone: E-mail address:				
Player Statistics:	Date of Birth	Last Season Played	Shirt Size	
Positions Played:				
May we contact you for future events? Additional Comments:		YES NO		

Contact Information Form

Name of Participant:				
Parent or Guardian: Telephone Number:				
Emergency Contact Name:				
Telephone Number: (1)	(2)			
Individuals Authorized to Pick up Participant: (1)_				
(2)(3)				
Telephone Number: E-mail a	nddress:			
Medical History				
Please list any medication and / or medical history that we should be aware of.				
Parent / Guardian Signature :	Date			

This form MUST be physically signed by the parent or guardian. An electronic signature will not suffice.