



# 2010 Basketball Registration

*Please Print*

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First	Middle	Last	Grade (Fall 2010)
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Street Address	City	State	Zip
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Parent (s) Name	Home Phone	Cell Phone	Student Email
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Basketball Experience (if any)

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Church Attended

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Medical Concerns/Student Prescription medicine (if any)

*Waiver:* I hereby certify my child is in good health and may participate in all activities. In the event that my child needs immediate medical attention, I authorize the camp staff and give my consent to the camp to provide routine and emergency medical care for my child.

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Student Signature	Date
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Parent/Legal Guardian Signature	Date
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*Payment:*

\$35 Early Registration (April 26 – June 1)

\$45 Registration (At Camp-meeting June 6)

*Mail-in Details:*

Mail registration form and Check to:

South Central Conference Youth Services/ATTENTION Lhorraine Polite (on envelope)

P.O. Box 78767

Nashville, TN 37207

Phone: (615) 226- 6500