Nothin' but Net
Youth Basketball Camp

Player's full name: _____

Address: _____

M ☐ F ☐ T-Shirt Size: ___ Age: ___ Grade: ___ School_____

Phone Number: _____

Email Address: _____

Parent/Guardian Name: _____ Work/Cell Phone: _____

Parent/Guardian Name: _____ Work/Cell Phone: _____

Name of other person(s) other than parent(s) authorized to pick up child:

Name: _____ Phone # _____

Name: _____Phone # _____

Please list any illness, allergy, or medications we should be aware of:

Medical Insurance Company Name & Policy Number: _____

Emergency contact name & phone number: _____

I hereby grant Nothin' but Net Youth Basketball Camp full permission to use any photographs or videos taken of my child during the camp for senior project presentation, publicity, and advertising.

Parent Signature: _____ Date: _____

Registration Fee: $50
MAKE CHECKS PAYABLE TO NOAH SCOTT FOUNDATION

Mail registration form and fee to Jeremy Hicks 115 Mizar Place Lompoc, CA 93436

OR turn in to Cabrillo Athletic Office