

Michigan Regional adidas Phenom Camp Registration



Player Information

Check one: Jr. Phenom Camp Phenom 150

Player's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Male Female D.O.B. (mm/dd/yyyy) _____ Age _____

Height _____ Weight _____ Player's top 2 positions (1-5) _____ or _____

Grade _____ Class: 20 _____ Basketball Team: _____

I _____ the undersign, submit that my

Print parent/guardian's name

son/daughter is physically fit and able to participate in strenuous activity and hereby waive Basketball University Sports LLC (Michigan adidas Jr. Phenom Camp and/or Michigan adidas Phenom 150 Camp) of all responsibility associated with illness or injury sustained during the camp. I hereby authorize camp personnel and/or director(s) to act on my behalf in the event of a medical emergency. I understand I am solely responsible for all medical expenses incurred and agree to provide Michigan adidas Jr. Phenom Camp with proof of medical and/or accident insurance. I also understand that my payment is non-refundable and non-transferable under any circumstances.

Parent signature

Date

Cashiers check or Money Orders are payable to Basketball University Sports
Mail payment to: P.O. Box 80692, Rochester, MI 48308
Phone: 248 601-4503

Email: info@miadidasjrcamp.com
Web site: www.miadidasjrcamp.com