

COASTAL BEND COLLEGE SUMMER BASKETBALL CAMP REGISTRATION

CAMPER INFORMATION

Name: _____

Preferred Name: _____

Age: _____ DOB: _____ Grade Entering: _____

Address: _____

City: _____ State: _____ Zip: _____

T-Shirt Size: _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: _____

Phone Number: _____

Email Address: _____

Name of Parent/Guardian: _____

Phone Number: _____

Email Address: _____

AUTHORIZATION FOR PICKUP

If you would like to authorize an additional adult (age 18 and older) to be able to pick up your child from camp, please provide their information below.

Name: _____

Phone Number: _____

Relationship: _____

Signature of
Parent/Guardian: _____ Date: _____

PHOTO RELEASE

Do you give permission to Coastal Bend College to photograph your child during their participation at camp? Pictures may be used on Coastal Bend's social media accounts and/or promotional materials.

YES _____ NO _____