



STUDENT-ATHLETE INFORMATION

Name:

Date of Birth:

Age:

School:

Middle School 9am – 12 Noon High School: 1pm - 4pm tick one

Jersey size: Adult – Small Medium Large XL 2XL tick one
Youth - Medium Large

EMERGENCY CONTACT

Name of Parent/Guardian

Address:

Relationship to Student-Athlete:

Email address:

Work Number:

Home Number:

Cell Number:

WhatsApp? Yes/No (circle one)

Cost \$125.00 - Cash or Direct Deposit **(We will not be accepting cheques)**

Please include student-athlete's name with direct deposit.

BBA N.T. Butterfield Account # 0604015350013

WAIVER

To the best of my knowledge, my son/daughter is in good physical condition and is able to participate in this camp. I am fully aware of the risks associated with participation in this camp, including physical injury or even death, and hereby allow my child to participate in the camp, knowing that the associated physical activity may be hazardous to him/her and his/her property.

By signing below, I take any and ALL risk, taking full responsibility. I waive any claims of personal injury, death or damage to my child's property associated with my child participating in the BBA Youth Summer Basketball Clinic.

Parent/Guardian (Print Name)

Signature of Parent/Guardian

PRINT OFF

FILL OUT

EMAIL TO: bermudabasketball@gmail.com