



BEAR BASKETBALL SUMMER CAMP REGISTRATION FORM

Participant Last Name: _____ First Name: _____

Address: _____ City: _____ State _____ Zip _____

Phone: _____ Email: _____

Age: _____ Emergency Contact: _____

Emergency Contact Phone: _____ Relationship to Participant: _____

Camp Week / Dates Attending (check all that apply): WEEK 1 (7/9-7/12) _____ WEEK 2 (7/30-8/2) _____

NOTE: Before signing, carefully read the statements below. Do not sign unless you fully understand the risks of the program.

HAVE YOU EVER ATTENDED A ATHLETICS CAMP OR CLINIC AT BSU PRIOR? YES ___ NO ___

IS THE PARTICIPANT TAKING ANY MEDICATIONS PRESCRIBED BY THEIR DOCTOR? YES ___ NO ___

(IF YES, FILL OUT MEDICATION AUTHORIZATION FORM)

I GIVE BSU CAMPS & CLINICS PERMISSION TO TAKE PHOTO'S OF MY CHILD, WITH THE KNOWLEDGE THAT IT WILL BE USED FOR MARKETING PURPOSES ONLY YES ___ NO ___

PARENT/GUARDIAN SIGNATURE (IF UNDER 18): _____

PARENT/ GUARDIAN PRINT NAME: _____ DATE: _____

Please Make Checks Payable to: BSU In the memo Line: Participants name and week #

Please Visit www.bsubears.com and follow links to CAMPS