



Application

Name _____

Gender Male Female

Current Grade _____ Current Age _____ School _____

Position (Please Check)

Point Guard Shooting Guard Post Player

Contact Person

Name of Parent _____

Phone Number (Home) _____

(Cell) _____

Email Address _____

Mailing Address _____

Applicant Basketball History

Years playing organized basketball: _____

If applicable, average points per game last season: _____

If applicable, average assists per game: _____

If applicable, average rebounds per game: _____

Main reasons for taking the course:

A) _____

B) _____

Time Preference

(Please circle 1st or 2nd choice for lesson time, or "Anytime" for no time preference.
The final time chosen will be your time slot for all 6 weeks.)

Monday

9:00 - 9:45
10:00 - 10:45
11:00 - 11:45
1:00 - 1:45
2:00 - 2:45
3:00 - 3:45
Anytime

Tuesday

9:00 - 9:45
10:00 - 10:45
11:00 - 11:45
1:00 - 1:45
2:00 - 2:45
3:00 - 3:45
Anytime

T-Shirt Size

- Small
- Medium
- Large
- X-Large

MEDICAL RELEASE

Please Read Carefully! Release Must Be Signed.

Doctor's Name _____

Doctor's Phone _____

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? _____

If yes, please state conditions: _____

Emergency Contact (name & phone in the event the parents cannot be reached)

I, _____, parent or legal guardian of _____ do hereby agree and make public that I will not hold *Get The Edge Camps, Metcalfe County Schools, or any adult sponsor* responsible for any accidents or injuries that may be sustained in connection with the 2008 *Get The Edge* Basketball Camps. I understand precautions for the safety of my child have been taken. I also understand accidents do happen and I will assume responsibility for any losses thereof. I also authorize emergency treatment for my child, if it should become necessary, and do hereby give my consent for any medical treatment deemed necessary for the welfare of my child.

Signature of parent or legal guardian

Date