

# Colonnade All-Star Boys Basketball Camp

## Registration Form

July 18-21, 2012

~PLEASE PRINT~

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

High School \_\_\_\_\_ High School Coach's Name \_\_\_\_\_

ACT Score \_\_\_\_\_ and/or SAT Score \_\_\_\_\_ GPA \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade (Fall 2012) \_\_\_\_\_

Circle Type of Camper: Overnight Camper or Day Camper Position \_\_\_\_\_

### \*INSURANCE INFORMATION\*

Parent's Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name and Telephone # of Emergency Contact: \_\_\_\_\_

I (Parent) understand that each camper is responsible for all medical bills incurred at the Colonnade All-Star Basketball Camp. Excess insurance coverage on each camper is provided by the Colonnade Camp, but only after the parent's insurance coverage is exhausted. I, also, hereby give my parental consent to the camp physician in Birmingham, Alabama to evaluate and treat my child in any situation requiring medical attention. I relieve all Directors and Staff Members of the Colonnade All-Star Basketball Camp of any and all liability resulting in any acts dealing with my child during this camp.

\_\_\_\_\_  
Signature/ Parent or Guardian

\_\_\_\_\_  
Date

**\*Mail this form along with the Camp Fee (overnight or day) OR a \$100 non-refundable deposit to:  
COLONNADE CAMPS, 7011 Greystone Lane, Owens Cross Roads, AL 35763.**

For more information go to our website: [www.colonnadecamps.com](http://www.colonnadecamps.com)

#### OFFICIAL USE ONLY

Rec.App.    Sent AL    Deposit    Balance

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