

**Girls Basketball Camp**

June 14-18, 2010  
Registration Form

Name: \_\_\_\_\_  
(Please Print)

Parent's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_

School/City: \_\_\_\_\_

Grade: (2010-11) \_\_\_\_\_

Age: \_\_\_\_\_

T-shirt size

**CM CL S M L XL**

Please fill out the permission to treat form to the right and send this page with \$50 (make checks payable to NEW Girls Basketball) to:

**Girls Basketball Camp  
N.E.W. Lutheran High School  
1311 S. Robinson Ave.  
Green Bay, WI 54311**

Questions? **hblocker@newlhs.com**  
Holly Blocker (S) 469-6810 (C) 604-0137

**Permission to Treat Form**

I authorize camp and/or school personnel to transport my daughter to a physician's office and/or emergency room for treatment in the event that emergency medical care is needed while she is involved in the NEWLHS Basketball camp. Further I authorize the PHYSICIAN and HOSPITAL STAFF to treat my daughter, as they deem necessary in the emergency situation.

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Insurance Carrier:

\_\_\_\_\_

Policy #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medical Conditions and/or Medications

\_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's emergency phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's emergency phone: \_\_\_\_\_

Family Doctor's phone: \_\_\_\_\_

Family Dentist's phone: \_\_\_\_\_

