Nipomo High School and Nipomo Recreation
2025 Summer Basketball Camp
Registration/Medical Release

PLAYER'S NAME: _____

GRADE GOING INTO 2024/25 SCHOOL YEAR: _____

T-SHIRT SIZE: ___YS ___YM ___YL ___AS ___AM ___AL ___AXL

MALE/FEMALE: _____

DOB: _____

HOME ADDRESS: _____

CITY: _____ **ZIP:** _____

PLAYER'S BEST CONTACT #: _____

FATHER/GUARDIAN NAME: _____

WORK PHONE #: _____ **CELL #:** _____

MOTHER/GUARDIAN NAME: _____

WORK PHONE #: _____ **CELL #:** _____

FOR OFFICIAL USE ONLY					
____	REGISTRATION FORM	____	RELEASE OF LIABILITY		
____	PHOTO RELEASE	____	PAID	____CASH	____CK ____CC