



Summer Basketball Camp

Registration Form

June 26th – 30th 10AM -3PM

Athlete Information:

Last Name: _____ First: _____ M.I.: _____

Date of Birth _____ Sex: M ___ F _____

Current SOKY Athlete: Yes / No County: _____

Sports:

Is SOKY Athlete Medical Form on file and up to date: Yes / No

Dietary Restrictions _____

Contact Information: Athlete _____ Parent or Guardian _____

Last Name: _____ First: _____

Address: _____

Home #: _____ Cell#: _____

Emergency Contact: _____ Cell # _____

Email Address: _____

Will athlete be accompanied by a parent / guardian / CLS aide? If yes, please provide name and contact information. Please return form via email to jensenguilfoil@gmail.com or fax to 859-252-8030 by April 15th.