



The Williams School

SUMMER BASKETBALL CAMP REGISTRATION

Please Print

Name	Age	Grade (in Fall 2008)	Gender
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Street Address	City	State	Zip
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Parent (s) Name	Home Phone	Cell Phone
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Emergency Contact	Phone
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Waiver: I hereby certify my child is in good health and may participate in all activities. In the event that my child needs immediate medical attention, I authorize the camp staff and give my consent to the camp to provide routine and emergency medical care for my child.

Parent Signature	Date
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Note: A copy of your child's updated medical information is required for participation. Please submit your child's physical form (available at the doctor's office) with the registration.

Payment:

Mail Registration Form, Medical Form and Check to:

The Williams School
Summer Basketball Camp 2008
182 Mohegan Avenue
New London, CT 06320
Phone: 860-443-5333