

Mail Registration and payment to:
Sandie Graves. 621 East 11th. Ave. Apt. #2, Anchorage AK 99501

CAMPER
Please Print

First Name _____ Last Name _____

Address: _____

Age _____ Birthdate: _____

Weight _____ Height: _____

Daytime Phone Number: _____

E-mail if you want pictures throughout the week: _____

T-Shirt Size: _____ Adult or Child

Signature: _____ Date: _____

Medical Release

This is to certify that _____ . I hereby authorize the directors of the came to act for me according to their best judgment in any emergency medical situation. I hereby waive and release the Alaska Eagles Basketball Camp from any liability. I know of no mental or physical problems that may affect my child's ability to safely participate in this camp. I will be responsible for any medical or other changes in connection with his or her attendance in camp.

Signature: _____ Date _____

