



## Dunshaughlin Rockets Summer Camp Registration Form 2018

Player Name:

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Date of Birth:

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Address:

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Parent/Guardian Email:

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Relevant Medical Conditions:

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Basketball Experience:

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Is your child covered with Brennan 24hr schools insurance?    Yes        No   

### **Emergency Contact**

Name:

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Telephone:

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Level 1   

Level 2   

Parent/ Guardian Signature:

Date:

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