2019 CHAMPIONSHIPP Team Camp Registration Form

Last Name	First 1	Vame	Mi	ddle Name
Street Address		City	State	Zip Code
()			()
Home Phone #	Eme	act and Pho	ne #	
	Name of School	ol District		
Enclosed is a check for	\$307 to CHAMP	ION SHIP T	eam Camp	
	oneer Rd. er, PA 17602			
En	nergency Relea			rent or Guardian)
Player's SS #	Last Name	First Nan	ne	Middle Name
()		()		
Mother's Daytime Phone #		Father's Daytime Phone #		
to provide such care that routine dia	gnostic procedures and	medical treatment	as necessary to n	rize the physician(s) and staff at the local ho ny minor son/daughter. ures and are only valid during camp.
Physical conditions that the physici	an should be aware of:	(i.e. Allergies etc.)		
Date of most recent tetanus shot	(If mo	re than 10 yrs. ago	, a booster is reco	inmended.)
If I am not available, contact			Phone # ()
My family physician is			Phone # ()
Name of insurance company		Pol	icy #	Group #
				sured Birth Date
Parent/Guardian's Name (Please	Print)	Signature		Date

This camp does not provide medical insurance for campers. In the event of illness or injury requiring treatment or hospitalization, family medical insurance must be used. Parents will be billed directly for any medical care given.