



CHAPARRAL HIGH SCHOOL
EDUCATION FOUNDATION

SUMMER CAMP PARTICIPATION REGISTRATION

PSG/Event Name: Boys Basketball Summer Camp 2024
Summer Camp Amount: _____

Student's Name: _____
First Name Last Name

Parent's Name: _____
First Name Last Name

Grade: (In 2023-24): _____ Date of Birth: _____

Address: _____
City: _____ State: _____ ZipCode: _____

Parent Phone: _____

Parent Email: _____

Medical Insurance Company: _____

Policy/Group No: _____

Telephone: _____

Insured Name: _____
First Name Last Name

Does Your Child Have Any Physical Restrictions Y/N:

Explain: _____

Is Your Child Taking Any Medications (Y/N)

Please List: _____

Emergency Contact: _____ Phone: _____