



BeTheOne - 7 ON 7 Registration at 9AM

June 17th June 18th

Camper Name: _____

Camper Date of Birth: _____

Camper's Grade (2020): _____

Camper's School: _____

Camper's Cell Phone: _____

Camper's Email: _____

Home Address: _____

Home City, State, Zip: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Cell Phone: _____ Date of Last Physical Examination for Camper: _____

Do you have reservations about allowing this Camper to participate in this athletic camp on the campus of the University of North Carolina at Chapel Hill, understanding that this camp may include vigorous physical activity?

YES

NO

Concerns about the Camper's health of which the camp should be mindful: _____

Physician Name: _____

Physician Office Number: _____

By signing below, you hereby declare your child fit for participation for this camp.

Parent Signature: _____ Date: _____