

REGISTRATION CARD



Camper Name _____ Grade Entering _____ Gender _____

Street Address _____ City, State, Zip _____

Phone _____ School Attending _____

Teams are made in the Winter, but Players are made in the Summer

Parent Email (for confirmation)
Camp Attending: Youth Camp (3rd-8th)

CAMP T-SHIRT (Guaranteed with registration prior to June 20, 2015) Circle One: YL AS AM AL AXL

Enclosed – Please Find Full Registration \$100 (\$120 after 06/29/15) OR Non-refundable Deposit \$25
(Checks made payable to: MCS Booster Club)

Mail Registration to: Meadowbrook Christian School ➡ c/o Cross Over Basketball Camp ➡ 363 Stamm Road ➡
Milton, PA 17847

❖ **Camp limited to first 100 registered** ❖ **Camp limited to first 100 registered**

➡ **Please Note:** Cross Over Basketball Camp does NOT provide health and accident insurance. I hereby authorize the directors of the camp to act for me/us according to their best judgment in any medical emergency. I/we understand that any insurance claims will be filed with my/our personal insurance and is not the responsibility of the Cross Over Basketball Camp or Meadowbrook Christian School.

Provider and Policy # : _____

Parent/Guardian Signature: _____

REGISTRATION CARD



Camper Name _____ Grade Entering _____ Gender _____

Street Address _____ City, State, Zip _____

Phone _____ School Attending _____

Teams are made in the Winter, but Players are made in the Summer

Parent Email (for confirmation)
Camp Attending: Youth Camp (3rd-8th)

CAMP T-SHIRT (Guaranteed with registration prior to June 20, 2015) Circle One: YL AS AM AL AXL

Enclosed – Please Find Full Registration \$100 (\$120 after 06/29/15) OR Non-refundable Deposit \$25
(Checks made payable to: MCS Booster Club)

(Checks made payable to: MCS Booster Club)

Mail Registration to: Meadowbrook Christian School ➡ c/o Cross Over Basketball Camp ➡ 363 Stamm Road ➡
Milton, PA 17847

❖ **Camp limited to first 100 registered** ❖ **Camp limited to first 100 registered**

➡ **Please Note:** Cross Over Basketball Camp does NOT provide health and accident insurance. I hereby authorize the directors of the camp to act for me/us according to their best judgment in any medical emergency. I/we understand that any insurance claims will be filed with my/our personal insurance and is not the responsibility of the Cross Over Basketball Camp or Meadowbrook Christian School.

Provider and Policy # : _____

Parent/Guardian Signature: _____