

Camp/Clinic/Lesson Registration Form



Date: _____ (Please Print)

Players Name: _____

Parent or Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____

Date of Birth: _____ Age: _____

Height: _____ Weight: _____ Shirt Size: _____

School or Pro Team: _____ Grade: _____

Summer Team: _____ Position Currently Play: _____

League Participating in: _____

Shoots: Right Left Both (circle one)

Camp or Clinic Name: _____

Individual or Group Training Program: _____

Please list any pre-existing medical conditions: _____

Notes: _____

Please Read and Sign the Reverse Side

Return this form to our facility in person or by mail along with payment (cash, check, visa, amex or master card). Customers can email or fax this registration form to E.D.G.E. Training Facility and pay over the phone with a credit card by calling 407-996-7075. Also customers can register online at www.EdgeBasketball.com. This will be an annual **\$25.00 registration fee** for all customers.

There Are Two Types of Players...Trained and Untrained!

