

## REGISTRATION FORM

Send registrations to:

LYNCH CAMPS  
6001 W. 98th Street  
Bloomington, MN 55438  
952-426-2506

### Participant Information

Participant's Name \_\_\_\_\_

School Attending \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

### Registering for -

#### Basketball:

\_\_\_ Full Week Summer Camp: Date \_\_\_\_\_ Location \_\_\_\_\_

\_\_\_ Little/Super Shooters: Date \_\_\_\_\_ Location \_\_\_\_\_

#### Tennis:

Date \_\_\_\_\_ Location \_\_\_\_\_

#### T-Shirt Size (Basketball Camps only):

Youth: M \_\_\_\_\_ L \_\_\_\_\_

Adult: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_

**Where did you hear about us?**

Family Times  Mpls. Star Tribune  
 Local brochure  Friend/referral  
 Internet Search  Local Basketball Assoc.  
 Other \_\_\_\_\_

**Parent/Guardian Name(s)**\_\_\_\_\_

Have You Previously Attended Our Clinic/Camp? \_\_\_\_\_  
If so, what location? \_\_\_\_\_

**MAKE CHECKS PAYABLE TO LYNCH CAMPS, INC.**

**Medical Release**

I hereby grant permission to the Lynch Basketball/Tennis Camps to act for me according to their best judgment requiring medical attention, and hereby waive the Camp from any and all liability for any injuries incurred while at camp.

\_\_\_\_\_  
Parent or Guardian Signature

If you know others who may be interested in our camps, please feel free to pass the word.

**THANK YOU!**