

2022 CAMP APPLICATION

(Please print.)

ATHLETE NAME: _____

PARENT/GAURDIAN NAME: _____

ADDRESS: _____

CAMPER CELL PHONE: _____

CAMPER EMAIL: _____

PARENT EMAIL: _____

EMERGENCY CONTACT PHONE: _____

DATE OF BIRTH: _____

GENDER: Female Male Prefer not to say

GRADE (FALL '22): _____

YEARS OF EXPERIENCE: _____

NWBA CLASS: _____

DISABILITY AND LEVEL OF INJURY: _____

ONSET OF DISABILITY: _____

T SHIRT SIZE (ADULT SIZES): S M L XL XXL

JERSEY SIZE (ADULT SIZES): S M L XL XXL

\$ _____ (AMOUNT ENCLOSED)

MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE UNIVERSITY OF MISSOURI

I have read and accept the conditions described in this brochure. I understand the University of Missouri retains the right to use photographs and video of campers for publicity and promotional purposes. I relinquish all rights that I may claim in relation to use of these photographs and/or videos.

Camper Signature

If under 18, parent/gaurdian signature

Camper Printed Name

If under 18, parent/gaurdian printed name

MAIL YOUR COMPLETED REGISTRATION FORM TO:

Ron Lykins, Director, Mizzou Wheelchair Basketball Camp

University of Missouri

213 Rothwell Gymnasium, Columbia, MO 65211-4210