



Cumberland University Men's Basketball Camp Registration Form

Camper's Name: _____

Camper's Address: _____

School He Attends: _____

Camper's Age and Grade: _____

Camper's T-shirt Size: (Circle One) S, M, L, XL, XXL

Person to Contact Incase of Emergency: _____

Relationship to Camper: _____

Contact Number(s): Cell # _____ Work # _____

Home # _____

Parent's Consent: I hereby authorize the athletic training staff at Cumberland University to act according to their best judgement in any emergency requiring medical treatment, and I state that the above applicant has been checked and is in sound physical condition to participate in basketball camp.

Parent/Guardian's Signature: _____ **Date:** _____

Please print this form, fill it out and mail it in with your camper's \$125 camp fee (all checks made payable to Lonnie Thompson):

**Cumberland University
Attn: Lonnie Thompson
1 Cumberland Square
Lebanon, TN 37087**

**For any other information please contact Coach Lonnie Thompson @ (615) 547-1345 or
lthompson@cumberland.edu**

