

COBRA OVERNIGHT SHOOTING AND POSITION CAMP

BOYS ENTERING GRADES 5-10

GIRLS ENTERING GRADES 5-12

CONNECTICUT COLLEGE, 270 MOHEGAN AVE, NEW LONDON CT. 06320

5:00PM FRIDAY JUNE 30-SUNDAY JULY 2ND



PLAYER'S NAME: PLEASE PRINT

FIRST NAME _____ LAST NAME _____ M ___ F ___

STREET _____ CITY _____ STATE ___ ZIP _____

PHONE _____ CELL _____

SCHOOL ATTENDING _____ COBRA TEAM COACH _____

BIRTH DATE _____ ENTERING GRADE _____ PARENT NAME'S _____

E-Mail _____

ROOMMATE REQUESTS _____
FOR OVERNIGHT CAMP ONLY (Most rooms are singles) (Please confirm with roommates)

EMERGENCY CONTACT _____

Player's Medical Form Due JUNE 26TH, prior to the opening of the overnight camp.

Tuition FEE: Check appropriate boxes

FEE INCLUDED WITH COBRA TEAM REGISTRATION (if player paid team registration fee a total of \$1450)

FEE \$260 COBRA CLUB MEMBER

FEE \$285 NON COBRA CLUB MEMBER

SHIRT SIZE: YOUTH LG ___ ADULT S ___ ADULT M ___ ADULT LG ___ ADULT XL ___

Check # _____ Amount of Check _____

MAIL TO: CT. COBRAS, P.O. BOX 375, DURHAM CT. 06422

Please list any medical problems concerning your Player, including allergies or medications:

I hereby request that my daughter named above be admitted to the Ct Cobra Basketball Camp. I certify that she is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Cobra staff to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be located. In case of injury I understand that I am responsible for all financial liabilities. Parents Signature _____ Date: _____

I GIVE PERMISSION FOR THE ABOVE PLAYER TO BE PHOTOGRAPHED FOR COBRA ACTIVITIES YES ___ NO ___