



Rob Robinson Fundamental Basketball Camp

Name of Participant: _____ Age: _____

Gender: Female Male Grade Entering: _____ Height: _____

Has the participant played on a basketball team before: Yes No

If yes, please list school/organization and years of experience:

What do you hope to learn from this camp?

Medical Information – Any allergies, injuries, or illnesses we should be aware of?

Parent/Guardian Contact Information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Address: _____

Emergency Contact Name: _____ Phone: _____

Please list any other adults authorized to pick up your child from camp:

*Please note that children will only be released to the parent/guardian or another adult listed on this form. ID is required to verify non-parent/guardian.

Email completed form to coachrob@robrobinsonhoops.com and submit payment via PayPal link. Registration is not complete until both registration form and payment are received.