



BOYS CAMP REGISTRATION

Please pay by check or money order. Make checks payable to: Momentum³. Mail all checks to:

DC adidas Phenom Camp
C/O Momentum³
P.O. Box 7613
Arlington, VA 22207

Office phone: 703.980.0335
Email: info@dcphenom.com
Web site: www.dcphenom.com

Name: _____

Address: _____

City & Zip: _____

Phone: _____

Email: _____

Age: _____ Birthday: _____ Gender: _____ Jersey Size: _____

Grade: _____ Class of 2019 (5th Grade) _____ Class of 2018 (6th Grade) _____
Class of 2017 (7th Grade) _____ Class of 2016 (8th Grade) _____

Height: _____ Weight: _____ Position: _____

Insurance information

Insurance carrier: _____

Policy #: _____ Group #: _____

I, the undersign, submit that my son/daughter is physically fit and able to participate in strenuous activity and hereby waive D.C. Junior Phenom Camp of all responsibility for illness or injury sustained. I hereby authorize camp personnel and directors to act on my behalf in their best judgement in any medical situation. I understand I am solely responsible for payment of any such medical expenses and must provide D.C. Junior Phenom Camp with proof of medical and accident insurance. I also understand that my payment is non-refundable and non-transferable under any circumstances.

Parent signature: _____

Date: _____



<i>For Internal Use Only</i>	
<input type="checkbox"/>	Registration Complete
<input type="checkbox"/>	Proof of Grade
<input type="checkbox"/>	Photo (3x5) received
<input type="checkbox"/>	Biography Complete
<input type="checkbox"/>	Registration Fee Paid
<input type="checkbox"/>	Medical Waiver Signed
Approval Code: _____	