

# DIXIE BASKETBALL CAMP APPLICATION

Name \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Room/Suitemate Preferences \_\_\_\_\_

Emergency Contacts (relation) / Phone \_\_\_\_\_

Session:  One (July 9-14)  Two (July 16-21)

E-Mail Address \_\_\_\_\_

**Mail along with NON-REFUND-  
ABLE \$150 DEPOSIT FOR  
EACH WEEK REGISTERED TO:  
Dixie Basketball Camp  
5945 Hyacinth Ave.  
Baton Rouge, LA 70808**

Rec'd	Conf'd	Room No.
Deposit	Balance	Full

## INSURANCE

NOTE: A copy of the front and back of the parent's insurance card MUST accompany this application.

I (parent) understand that each camper is responsible for all medical bills incurred while at camp. Excess insurance coverage on each camper is provided by the Dixie Basketball Camp, but only after the parent's insurance coverage is exhausted. I also hereby give my parental consent to the camp physician in McComb, Miss., and at the Southwest Mississippi Medical Center, to evaluate and treat my child in any situation requiring medical attention.  
And I relieve all directors and staff of the Dixie Basketball Camp of any and all liability resulting in acts dealing with my child during this camp.

Signature \_\_\_\_\_