

# 2018 DIXIE BASKETBALL CAMP APPLICATION

Name \_\_\_\_\_ Grade in Fall 2018 \_\_\_\_\_ Height \_\_\_\_\_

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

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

School \_\_\_\_\_

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

Session:  One (July 15-20)  Two (July 22-27)

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

**Mail along with NON-REFUND-  
ABLE \$175 DEPOSIT FOR  
EACH WEEK REGISTERED TO:  
Dixie Basketball Camp  
986 Cobble Creek Drive  
Birmingham, AL 35226**

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

## INSURANCE WAIVER (please sign)

**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 \_\_\_\_\_