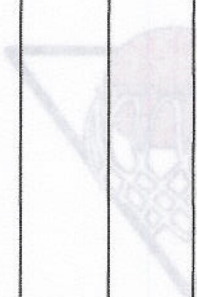


**JAMES BLACKMON'S  
BISHOP LUERS  
BASKETBALL CAMP  
2009 REGISTRATION FORM**



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

COST: \$60.00 PER PERSON  
\$55.00 IF REGISTERED BY 6/4/2009  
FAMILY DISCOUNT:  
(2) KIDS @ \$50.00 EACH  
(3) OR MORE KIDS @ \$40.00 EACH

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Position \_\_\_\_\_

SCHOOL ENTERING GRADE \_\_\_\_\_ THIS FALL

T-SHIRT SIZE

AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_ AXXL \_\_\_\_\_



**Make checks payable to:**  
Bishop Luers Basketball James Blackmon

**Send completed form to:**

Bishop Luers Basketball  
Coach James Blackmon  
333 East Paulding Road  
Fort Wayne, Indiana 46816

**Questions?**

**Contact Information:**

Phone: 765-206-0127  
(Coach Blackmon)

765-506-1780  
(Coach Sturm)

260-456-1261 (Luers)

email: [mitchsturm@yahoo.com](mailto:mitchsturm@yahoo.com)

**MEDICAL CONSENT FORM**

In order to provide prompt care to your minor son, we must have a completed Medical Consent Form on file. This way we can help your child in an emergency without delay.

Name of Minor \_\_\_\_\_

Birth day (m/d/d/yy) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Allergic Reactions \_\_\_\_\_

Present Medication \_\_\_\_\_

Other Information \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Other \_\_\_\_\_

**EMERGENCY NUMBERS**

**WAIVER AND RELEASE**

I grant permission to the Directors, or other persons responsible for his care to act on my behalf of said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give consent to such medical treatment as deemed necessary to be rendered to said minor by a licensed physician or nurse.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_