

DATE: OCTOBER 18 - 19TH

LOCATION: FORSYTH COUNTRY DAY
5501 SHALLOWFORD ROAD
LEWISVILLE, NC 27023

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

School Name: _____

City: _____ State: _____

Grade In Fall: _____ Height: _____ Weight: _____

Coach: _____

Coach Phone: () _____

Coach's Email: _____

AAU Team: _____

Insurance Information:

Insurance Carrier: _____

Policy #: _____ Group #: _____

I, the undersigned, submit that my son is physically fit and able to participate in strenuous activity and hereby waive NC Jr. Phenom Camp of all responsibility for illness or injury sustained. I hereby authorize camp directors to act on my behalf in their best judgement in any emergency medical situation. I understand I am solely responsible for payment of any such medical expense and must provide NC Jr. Phenom Camp with proof of medical and accident insurance. I also understand that my payment is non-refundable under any circumstances. I understand that the camper who does not abide by camp facility rules or regulations is subject to dismissal without refund or recourse.

Parent's Signature _____

Insurance Co. _____

Policy # _____

Make Checks Available to: NC Jr. Phenom Camp

Mail To:

NC Junior Phenom Camp
C/O Rick Lewis
2433 Falcon Lane
Statesville, NC 28625

NORTH CAROLINA REGIONAL
JUNIOR PHENOM CAMP



C/O Rick Lewis
2433 Falcon Lane
Statesville, NC 28625

NORTH CAROLINA ADIDAS JR. PHENOM & PHENOM 150 CAMP



www.ncjrphenomcamp.com

**NC ADIDAS JR. PHENOM CAMP
GRADES 5-8**

**NC ADIDAS PHENOM 150 CAMP
GRADES 9-11**