

PLEASE USE ONE REGISTRATION FORM PER STUDENT.
(Additional forms are available upon request at Children@NHLC.org or 651-797-7822.)

Holiday Basketball Camp

Student's Name: _____ **Date of Birth** (mm / dd / yy): ____ / ____ / ____ **Grade Completed** in June 2012: _____

Address: _____ **Apt:** _____

City: _____ **State:** _____ **Zip:** _____

Parent/Guardian's Name(s): _____

Daytime Phone: _____ **E-Mail Address:** _____

Emergency Contact
During True Sports Events: Name: _____ Phone: _____

Special Comments (such as allergies, medications, etc.): _____

By virtue of my child's attendance, permission is given to photograph my child(ren) and use pictures in promotional materials and other church publications.

I hereby request that you accept the application for enrollment of the child listed on this application in True Sports Holiday Basketball Camp. I hereby authorize the directors of True Sports to act for me in according to their best judgment in any emergency requiring medical attention in the event that I cannot be reached.

Please make check payable to "North Heights Lutheran Church."

Please mail registration and payment to:

North Heights Children's Ministries
Attention: Dean Dvorak
1700 West Highway 96
Arden Hills, MN 55112

Parent/Guardian Signature

Date