

**SKYLAR DIGGINS SHOOT 4 THE STARS BASKETBALL CAMP
REGISTRATION FORM**

Player Name: _____ T-SHIRT SIZE _____

Grade Entering Fall 2017: _____ School: _____

Parents Names _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Cell phone numbers _____

Email: _____

Waiver: I understand that I am enrolling my child in a DG Sports Basketball Program and that DG Sports, Bob Fruchter, and any facilities that are used or any coaches will not be liable for any injuries incurred during participation in the program.

Signature of Parent/Guardian: _____ Date: _____

MAIL TO: DG Warriors

9103 Lake in the Woods Trail

Chagrin Falls, OH 44023