



**NATE HUMPHREY MEMORIAL
OFFICIALS BASKETBALL CAMP
REGISTRATION
2022**

PLEASE PRINT

LAST _____ FIRST _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE () _____ WORK () _____

CELL PHONE () _____ E-MAIL _____

WEIGHT _____ HEIGHT _____ SHIRT SIZE _____

TOTAL YEARS EXPERIENCE _____

HIGH SCHOOL _____ JUNIOR COLLEGE _____ NAIA _____

COLLEGE DIV 3 _____ COLLEGE DIV 2 _____ COLLEGE DIV 1 _____

WAIVER

I hereby agree that I have had a physical examination in the past year and agree that I am presently in good physical condition. I also agree that I will not hold the Nate Humphrey Basketball Camp, its' agents or staff, responsible for any accident or illness which I may incur while participating in the camp.

Signature _____ Date _____

Make check payable to **MOA NATE HUMPHREY OFFICIALS BASKETBALL CAMP**

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

CAMP NUMBER _____

PAID _____ CHECK# _____ CASH _____ INITIALS _____