



BASKETBALL CAMP REGISTRATION FORM 2026

**Grades 5-6, June 1-4, 4:30pm-6:30pm
Grades 5-6, July 20-23, 4:30pm-6:30pm**

**Grades 7-8, June 8-11, 4:30pm-6:30pm
Grades 7-8, July 27-30, 4:30pm-6:30pm**

Cost: \$175.00 each session (circle which session(s) attending)

Athlete's Name: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Grade (fall of '26): _____

Emergency Contact Information:

Name: _____ Phone: _____

Child's Primary Care Physician: _____ Phone: _____

Hospital Preference: _____

Allergy Information: _____

Limitations/restrictions: _____

Medications: _____

Insurance Information:

Name of Medical Insurance Carrier: _____

Plan Number: _____

Member ID: _____

Group Number: _____

****Please send registration form and check (make check payable to John Burroughs School) to Coach Darryl Lenard:
755 South Price Road, St. Louis, MO 63124.**

We (I), hereby request that you accept the application for enrollment of _____ in the Bomber Basketball Camp during the dates set forth in this application. We (I) hereby release, John Burroughs School and employees, from all claims as a result of any injuries, which may be sustained by my child while attending the Bomber Basketball Camp. We (I) hold JBS blameless for any claims, which may hereafter be presented by my child as a result of any such injuries.

We (I) authorize the employees of Bomber Basketball Camp to act for me using their best judgment in any situation requiring medical attention. We (I) know of no physical condition, which might affect my child's ability to safely participate in the camp.

Parent/Guardian Signature _____

Date _____