

# CLEAR SIGHT DEVELOPMENT CAMP REGISTRATION FORM



Camp Name and Date \_\_\_\_\_

Name: \_\_\_\_\_ Team: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Upcoming Season Goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal and Career Goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact phone numbers: \_\_\_\_\_

Email: \_\_\_\_\_

T - Shirt Size: \_\_\_\_\_ Hat Size \_\_\_\_\_ Jersey Size: \_\_\_\_\_