

THE BROWNING SCHOOL
PRESEASON FALL TRAINING CAMP
REGISTRATION FORM: 2017

Student's Name _____

Home Address _____

Home Telephone # _____

Summer Address _____

Summer Telephone _____

Email Address _____

Parent's Office Number _____

If your son is allergic to Penicillin, or any other medicine, needs any special medicine, is a diabetic, or has a heart problem, **please list**

In an emergency, if I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above

SIGNATURE _____

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WHAT TO BRING

- T-Shirts (4-6)
- Gym shorts (2-3)
- White socks (4-6)
- Sneakers**
- Soccer cleats (**NOT brand new - BLISTERS**)
- Warm jacket (nights get cool)
- Shin Guards!!!!**
- Sleeping attire
- Toilet articles
- Towels (at least 2)
- Bedding (Pillow / Blanket)**

OPTIONAL

- Basketball Shoes
- Baseball glove
- Tennis racket
- Spending money
- Sleeping Bag
- Own soccer ball (if possible)