



INSCRIPTION FORM

DATE: _____

CAMP **CMA BASKETBALL SUMMERCAMP (GIBRALTAR, 9 - 13 JULY)**



PERSONAL DATA:		PLAYER							
NAME			SURNAME						
ID			DATE OF BIRTH				GENDER	M	F
EMAIL					TELEPHONE				
ADDRESS									
CITY					ZIP				
PROVINCE			COUNTRY						

PERSONAL DATA:		FATHER / MOTHER							
NAME			SURNAME						
DNI			DATE OF BIRTH				GENDER	M	F
EMAIL					TELEPHONE				
ADDRESS									
CITY					ZIP				
PROVINCE			COUNTRY						

MEDICAL DATA		NAME OF THE PLAYER:							
ALLERGY OR ALLERGIC TO ANY MEDICATIONS						YES		NO	
ALLERGIES									
SIGNIFICANT INJURIES									
RECENT ILLNESS									
IF YOUR CHILD NEEDS TO TAKE ANY MEDICATION DURING THE SUMMERCAMP, PLEASE INDICATE BELOW									
HEALTH INSURANCE COMPANY									
POLICY NUMBER									
ANY OTHER INDICATION									

DATOS DE INTERÉS		NAME OF THE PLAYER:											
SIZE OF T-SHIRT	4	6	8	10	12	14	XS	S	M	L	XL	XXL	XXXL
HEIGHT			WEIGHT (KG)			CAN SWIM?	YES		NO				
DID YOU PLAY BASKETBALL?	YES		NO			CLUB							
ANY OTHER SPORT?	YES		NO			WHICH ONE?							
HOW DID YOU HEAR ABOUT OUR SUMMERCAMP?													
WHO DO YOU WANT TO SHARE THE BEDROOM WITH DURING THE SUMMERCAMP? TELL US HIS/HER NAME													
OTHER FAMILY MEMBERS IN THE CAMP?	YES		NO			HOW MANY?							
HASVE YOU EVER BEEN IN ANY OTHER ACTIVITY OF CMA BEFORE?	YES		NO										
WHICH?						DATE							

HOW TO PAY	BANK TRANSFER	Please, remember to include the player's name	
NAME OF BANK	ING	IBAN	ES71 1465 0100 9119 0034 5540
		BIC	ING-DE333303333
BOOKING CONDITIONS	50% of the full amount shall be paid 6 weeks before the beginning of the camp.		
	100% of the full amount shall be paid 2 weeks before the beginning of the camp.		
	Discounts for players who have participated before in other editions, brothers or 100% of payment before 15 May		

ONCE YOU FILL THIS FORM, PLEASE SEND IT TO: chusmateoacademy@gmail.com