



**INSCRIPTION FORM**

DATE: \_\_\_\_\_

**CAMP** II CMA BASKETBALL SUMMERCAMP / GIBRALTAR (22-26 JULY)



<b>PERSONAL DATA:</b>		<b>PLAYER</b>						
NAME	_____	SURNAME	_____					
ID	_____	DATE OF BIRTH	____	____	____	GENDER	M	F
EMAIL	_____				TELEPHONE	_____		
ADRESS	_____							
CITY	_____				ZIP	_____		
PROVINCE	_____			COUNTRY	_____			

<b>PERSONAL DATA:</b>		<b>FATHER / MOTHER</b>						
NAME	_____	SURNAME	_____					
DNI	_____	DATE OF BIRTH	____	____	____	GENDER	M	F
EMAIL	_____				TELEPHONE	_____		
ADRESS	_____							
CITY	_____				ZIP	_____		
PROVINCE	_____			COUNTRY	_____			

<b>MEDICAL DATA</b>		<b>NAME OF THE PLAYER:</b>						
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	_____							

<b>DATOS DE INTERÉS</b>		<b>NAME OF THE PLAYER:</b>											
SIZE OF T-SHIRT	4	6	8	10	12	14	XS	S	M	L	XL	XXL	XXXL
HEIGHT	_____	_____	_____	_____	_____	_____	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	_____	_____
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

**A/c 07011001 Sort code: 608314 REF CHILDS NAME**

**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](mailto:chusmateoacademy@gmail.com)**