**BPRA**

**GIRLS BASKETBALL CAMP  
  
JUNE 2 - 6**

**BLOOMING PRAIRIE HIGH SCHOOL GYM**

**2025-2026 School Year 4TH-6TH GRADERS**

**TIME: 12:00-1:30**

**There will be a $30.00 fee for each participant. Checks should be written to BPRA.**

**If fee is a financial burden to family, other arrangements can be made.**

**Please return registration form to the Elementary or HS office by May 23rd.**

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# 4th – 6th GIRLS BASKETBALL PLAYER REGISTRATION FORM

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2025-2026 Grade \_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-shirt size (circle one)** YS YM YL AS AM AL AXL

**Statement For Insurance Purposes:** My son/daughter has health insurance to cover an accident. Therefore, the school district, BPRA, and city will not be held liable for any injuries associated with this program.

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

(Parent's Signature) (Date)

**I have no health insurance but would still like my child to participate in this program .**

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

(Parent's Signature) (Date)

***PLEASE RETURN THIS FORM WITH THE $30.00 ENTRY FEE BY MAY 23.***