



NEW HAMPSHIRE  
ADIDAS PHENOM REGIONAL CAMP

STUDENT-ATHLETE  
REGISTRATION FORM

**PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_\_

**Insurance Information:** Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**SCHOOL INFORMATION**

Grade: \_\_\_\_\_ GPA: \_\_\_\_\_ School: \_\_\_\_\_

Class of:  2009  2010  2011  2012

2013  2014  2015  2016

**ATHLETIC INFORMATION**

Position(s): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ School Team Name: \_\_\_\_\_

School Coach's Name: \_\_\_\_\_

Travel/AAU Team: \_\_\_\_\_ Travel/AAU Coach's Name: \_\_\_\_\_

How did you receive an invitation to the Camp: \_\_\_\_\_