



**NEW HAMPSHIRE ADIDAS JUNIOR  
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:  2011  2012  2013  2014  2015  2016

**ATHLETIC INFORMATION**

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

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

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

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

FOR INTERNAL USE ONLY

Registration Fee Paid Yes \_\_\_\_\_ No \_\_\_\_\_  
Medical Waiver Received Yes \_\_\_\_\_ No \_\_\_\_\_