

Brad Soucie Basketball Camp Registration

Player Information

Full Name			Date of Birth
School			Grade (Fall 2025)
Address	City	State	Zip
Parent's Name	Email	Phone Number	
Emergency Contact	Email (Optional)	Phone Number	

Choose Camp(s)

Week 1 (July 21-25)	Week 2 (July 28-August 1)

Payment Information : Total \$165.00 per week (Due by July 16)

MAIL REGISTRATION FORM AND CHECK PAYMENTS TO:

Brad Soucie
1615 Spot Lane Unit 1
Carolina Beach, NC 28428

*Make checks payable to Brad Soucie (contact info: bsoucie32@gmail.com 434-981-1337)

*Also accepts Venmo: @Bradley-Soucie and Cash App: \$BradSoucie

Medical/Insurance Information:

Please list any allergies, asthma, or any medical information that we need to know:

Insurance Company (*required)	Policy Number (*required)

Parent Release Statement:

I understand that the Brad Soucie Basketball staff will not be held responsible for injuries/illnesses or loss of property while my child is attending this camp. I authorize the director and staff to act for me in an emergency requiring medical attention. My child is in good health and is medically fit to participate in all camp activities.

Parent Signature

Date