

Basketball Winter Camp 2019

PERSONAL INFORMATION

Name:
First Name & Middle Name (If applicable) Father's Name Family Name

Date of Birth: Sex: Female Male
Day Month Year

School:

Residential Address:

Mobile Number:

MEDICAL INFORMATION

Blood Type: A+ A- B+ B- AB+ AB- O+ O-

Electrocardiography Test (ECG): Completed Not completed

Medical Concerns:

EMERGENCY INFORMATION

Contact Person: Mobile Number:

REQUIRED DOCUMENTS

- Two colored passport-size photos of the applicant
- Photocopy of the applicant ID
- Photocopy of Parents ID

Signature:

Date:
Day Month Year

The application should be submitted at the Athletics Office, Beirut campus (Gymnasium Building)