



Last year's camp was a huge success. We had over 100 campers participate. That is why we have decided to use the brand new facilities at LCMS and MES to host this year's camp. Once again, the LCHS Coaching staff and players will make up the camp staff. Campers will learn fundamental skills as well



as play games. This camp is for all skill levels and will be a great opportunity to tune up before the upcoming Middle School and Rec. basketball seasons. We look forward to seeing you at this year's camp.



***Please return Completed form and Money to LCMS front office or McClelland front office.***

Player Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: (Circle) M / F

Teacher's Name: (This Helps to return Receipt)

Homeroom Teacher: \_\_\_\_\_

Teacher at the end of the Day: \_\_\_\_\_

Parent/Guardian Contact:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: (Different From Above #)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Please Check one of the following:

- Yes, I give permission for TOTBC to use my camper's photo on LCHS social media or Local publications.
- No, I do not give permission to use my campers photo.

Are there any Health risks the LCHS camp staff should be aware of? \_\_\_\_\_

*By Signing Below: I give my child permission to participate in LCHS Basketball Camp, I release LCHS and the LCHS basketball camp staffers from any & all liability for personal injury arising from my child's participation and give permission for my child to be treated by a licensed physician during the event of an injury, accident or illness.*

\_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature