

# Basketball Camp '09

**Who: Incoming 3<sup>rd</sup> graders – 6<sup>th</sup> graders**

**Where: Lustre Christian High School**

**When: July 7-9**

**What: Improve Your Overall Game: Ball Handling, Shooting, Competitions and Scrimmage too!**

**Time: 9:00-12:00 p.m.**

**Cost: \$35**

**\*Camp fee includes a Basketball, Gatorade and Awards**

**\*Each camper is responsible for his or her own insurance**

*Returning Campers: For every new camper you refer to camp you get \$5 off your registration fee*



## Registration

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

Gender: \_\_\_\_ Age: \_\_\_\_ Grade Entering: \_\_\_\_\_

Height: \_\_\_\_ Position: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Special Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

### Camp Dates:

July 7-9 (9 a.m. – Noon)—Grades 3-6

July 7-10 (12:30-5:00 p.m.)—Grades 7-12

We (I) hereby request that you accept the application for the enrollment of \_\_\_\_\_ in the 2009 basketball camp during the dates set forth in this application: We (I) hereby release Coach Lisa Neufeld and Lustre Christian High School and their employees and agents for all claims on account of any injuries which may be sustained by our (*my*) minor son or daughter while attending the camp and any claims which hereafter may be presented by our (*my*) son or daughter as a result of any such injuries. We (*I*) hereby authorize the directors of the Lustre Christian High School camp to act for us (*me*) according to their best judgment in any emergency requiring medical attention.

\_\_\_\_\_  
**Signature** (*Parent or Guardian*)

\_\_\_\_\_  
**Date**

**Please bring this form with a check to:  
Lustre Youth Basketball**

**New Campers:**  
Please list the returning camper who referred you (if any).  
\_\_\_\_\_