

# Basketball Camp '09

**Who: Incoming 7<sup>th</sup> graders – High School**

**Where: Lustre Christian High School**

**When: July 7-10**

**What: Improve Your Overall Game: Ball Handling, Shooting, 1-on-1 and Scrimmage too!**

**Time: 12:30 – 5:00**

**Cost: \$50**

**Cost includes Basketball, Gatorade & Awards**

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

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

## 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

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

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