**Lansing Boys’ Basketball Summer Team Camp**

* **Boys entering 9th-12th grade**
* **Dates: May 28th-May 31st**
* **Time: 5:00-7:00 p.m.**
* **Location: Lansing High School**
* **Cost: $40 per camper**

Any player considering trying out for high school basketball needs to make plans to attend our team camp. You will be introduced to coaches, have an opportunity to start learning our system of play, and get a jump start on rest of summer calendar for our respective teams.

-------------------------------------------------------------------------Campers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Entering 2019: \_\_\_\_\_\_

Emergency Contac Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: YS YM YL AS AM AL AXL

**Checks Payable To: Jason Jones**

By signing below as parent/legal guardian of above camper I understand the risks involved in participation in basketball. I understand that serious injury or even death can occur, and I release all camp coaches and USD 469 of any liability in such an instance. I also give consent for camp staff to treat minor injuries and/or contact appropriate medical personnel in case of emergency.

Parent Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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