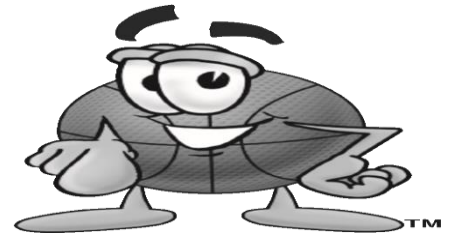




# Lady Gales Basketball Camp



June 4<sup>th</sup> 2018-June 7<sup>th</sup> 2018



## Girls Entering Grade 1st-8th

Camp Offers: Basic Basketball Fundamentals, prizes, fun and games each Camper will be provided with a ball and camp T-shirt while Personalized Individual Attention and Instruction from Lancaster Girls Basketball staff, Guest Speakers and Lady Gale Players

### Basketball Sessions

Grades 1<sup>st</sup>-2<sup>nd</sup> : 8am-10am

Grades 3<sup>rd</sup>-5<sup>th</sup>: 8am-11am

Grades 6<sup>th</sup>-8<sup>th</sup>: 12-3pm

Location: Lancaster High School

**Cost:** Grades 1<sup>st</sup>-2<sup>nd</sup> \$50  
Grades 3<sup>rd</sup>- 8<sup>th</sup> \$70  
**Make Checks Payable to:**  
Lady Gales Basketball

**Send to:** ATT:Dusty Miller  
Lancaster High School  
1312 Granville Pike  
Lancaster Oh, 43130

Name \_\_\_\_\_ Grade Entering this Fall: \_\_\_\_\_ Parents Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home#: \_\_\_\_\_ Cell# \_\_\_\_\_

Parents Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Shirt Size: Y M Y L S M L XL

Are there any medical conditions that the staff should be aware of?

We/I give my permission for my daughter to participate in the Lady Gales Basketball Camp and agree that any medical services needed are to be covered by your family medical coverage. In consideration for my daughter's participation, I will not hold the camp or its employees or Lancaster City Local Schools responsible for any loss, damages, or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or at the nearest hospital emergency room in case that I cannot be reached.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach: Dusty Miller  
Contact: ladygalesbasketball@aol.com



Head Coach: Dusty Miller  
Contact: [ladygalesbasketball@aol.com](mailto:ladygalesbasketball@aol.com)