



Gale Force Boys Basketball Camp

Monday, June 3th, 2019 – Wednesday, June 5th, 2019

Entering Grades 9th-12th 3:00 p.m. – 7:00 p.m.

COST = \$30.00

Make CHECKS PAYABLE TO Lancaster Hoops Club
Campers Receive: T-Shirt,

Location: LHS GYM

RETURN TO: Kent Riggs
Lancaster HIGH SCHOOL
1312 Granville Pike
Lancaster, OH 43130
Questions- k_riggs@lancaster.k12.oh.us

NAME _____ GRADE ENTERING _____ AGE _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

EMAIL ADDRESS _____

PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY (OTHER THAN PARENT ABOVE):

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

ANY KNOWN MEDICAL CONCERNS/PROBLEMS: _____

FAMILY DOCTOR: _____ PHONE: _____

SHIRT SIZE (CHILDREN SIZES) XS S M L (ADULT SIZES): S M L XL XXL (CIRCLE YOUR CHOICE)

I give my consent and approval to the participation of my son in the Gale Force Basketball Camp. I certify that he is physically fit to take part in all the camp activities. I give my consent for medical treatment in the event of injury or illness. This camp is not sponsored by Lancaster City Schools. I will not hold the camp authorities responsible for accidents, medical or dental, incurred during the course of instruction given by the applicant to the camp staff.

(PARENT OR GUARDIAN SIGNATURE) (Print) (DATE)

(ATHLETE'S SIGNATURE) (Print) (DATE)