

Name			
Grade in Fa	II 2024		
Parent/Gua	ardian Name		
Address			
City			
Zip	Home#:	Cell#	
Parent Emai	I		

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: ______