



# Gale Force Boys Basketball Camp

Monday June 22, 2026 -Thursday June 25, 2026

Entering Grades 3rd 4th 9:00-a.m.- 11:00 a.m.

Entering Grades 5th 6th 12:00 p.m. – 2:00 p.m.

Entering Grades 7th 8th 3:00 p.m. - 5:00 p.m.

**COST = \$60.00**

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

**Location: GENERAL SHERMAN \*\*\*\*\***

RETURN TO: Kent Riggs  
Lancaster HIGH SCHOOL  
1312 Granville Pike  
Lancaster, OH 43130  
Questions- email [k\\_riggs@lcsschools.net](mailto:k_riggs@lcsschools.net)

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 give the applicant by the camp staff.

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

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