

# Be a part of the Gale Force Basketball Family

## The Gale Force Academy



Draft on  
Sunday Oct. 28th 2018  
at Lancaster High School  
2-3<sup>rd</sup> Grade 4:30-5:30pm  
And  
4-6<sup>th</sup> Grade 6:00-7:00pm

For more information: go to <http://galeforceacademy.weebly.com/> Or

Email Coach Luke Truex [L\\_truex@lcsschools.net](mailto:L_truex@lcsschools.net) or call @ 681-7500 ext. 6075

Each participant will receive a T-shirt and game jersey and the opportunity to play at half time of a Gale Force Game!

**Cost \$85 and No Cost for Admission to games or clinics**

**Please complete this form and send payment to:**

1 Evaluation/Team Draft-**Everyone Makes a Team**

**Luke Truex-Gale Force Academy**

Saturday/Sunday Clinics run by Coach Luke Truex and Academy Coaches

**1312 Granville Pike**

6 Weeks of Competitive League Play with Officials

**Lancaster, Ohio 43130**

End of Year 2 week Championship Tournament

**Make Checks Payable to: Gale Force Basketball**

Player Name: \_\_\_\_\_ School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Parent/Guardians Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Interested in Coaching a Team Yes or No

Contact Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Home E-Mail:** \_\_\_\_\_

**Shirt Size for Game Jersey and T-Shirt (Circle):** YM YL AS AM AL AXL

Any medical conditions that we should be aware of:

\_\_\_\_\_

We/I give my permission for my son to participate in the Gale Force Academy and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my son's participation, I will not hold the league, its employees, or Lancaster City Schools responsible for any loss, damages, or injuries that may be received as a result in the participation in this league. 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/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_