

2006 Teays Valley Girls Basketball Camp
June 19th through June 22nd

Name _____ Grade Next Year _____

Address _____

Phone Number _____

T-Shirt Size (Circle One) S M L XL

Parent Name _____

Emergency Number _____

Hospital _____ Doctor _____

Medical Release: I, Hereby agree that the camper above has been examined and found to be in good physical health. I, as a parent or legal guardian, will be responsible for all medical charges of my child during the week of camp, and assume responsibility for any accidents or illnesses.

PARENT SIGNATURE _____

GRADES 3rd – 5th 9:00 AM to 11:30 AM

GRADES 6th – 8th 12:30 PM to 3:00 PM

All campers will report Monday June 19th a half hour prior to the beginning of camp.

COST OF CAMP IS \$45.00

Each camper will receive a camp T- Shirt

Make all checks payable to Lady Vikings Girls Basketball