LIBERTY UNION LIONS BOYS BASKETBALL CAMP

When: June $22^{nd} - 24^{th}$

Who: Players entering grades 3rd - 8th

Time: 5:30PM - 8:00PM

emergency room in case I cannot be reached.

Where: Liberty Union Middle School

Cost: \$40 individuals/ \$60 Family (2 or more siblings) Payable to "Liberty Union Athletics"

The purpose of camp is to teach the fundamentals of basketball. This will include the fundamentals of individual offensive and defensive skills including ball handling, shooting, 1:1 play, offensive team concepts, free throw shooting and man-to-man defense. Campers will receive a t-shirt and basketball. In order to conduct the best possible camp from and organizational standpoint, we encourage everyone to register as soon as possible!!

MAIL COMPLETED REGISTRATION FORM TO:

Liberty Union High School C/O Pat Blevins

Contact Coach Blevins at 740-409-0001 or libertyunionboysbball@gmail.com

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|---|---|--|--|
| Player Name: | Parents Name: | | |
| Address: | City: | | |
| Parents Phone: | _ Parents Email: | | |
| Players Grade (2021-22): | T-Shirt Size: YM YL S M L XL | | |
| Are there any medical conditions that the st | aff should be aware of? Y or N | | |
| If yes, please explain | | | |
| medical services needed are to be covered by your | Liberty Union Boys Basketball Camp and agree that any family medical coverage. In consideration for my child ise that I will not hold the camp, school, nor its employees | | |

responsible for any loss, damages, or personal injury that he may receive as a result of participation in this camp. In addition, I give my permission for any medical treatment by a qualified physician or at the nearest

Parent/Guardian Signature: ______ Date: _