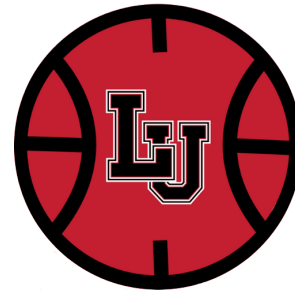


LIBERTY UNION LIONS GIRLS BASKETBALL CAMP

WHEN: Mon., June 6th / Tues., June 7th / Wed., June 8th / Thurs., June 9th

WHO: Players entering grades 3rd - 8th

TIME: 8:30 am - 10:30 am (Grades 3 - 5)
11:00 am - 1:00 pm (Grades 6 - 8)



WHERE: Liberty Union Middle School

COST: \$50 per player
Cash or Check Payable to "Liberty Union Athletics"

****Turn in by May 20th to guarantee T-shirt size****

****We will take camper registration the day of camp. T-shirt size will not be guaranteed for later registration****

The purpose of camp is to teach the fundamentals of basketball. This will include the basics of man-to-man defense, ballhandling, shooting, 1 on 1 play, offensive team concepts and free throw shooting. Competitions will take place daily with Thursday being "competition day" in a variety of skills. **Campers will receive a T-shirt and basketball.** In order to conduct the best possible camp from an organizational standpoint, we encourage everyone to register as soon as possible.

MAIL COMPLETED REGISTRATION FORM TO:

Liberty Union High School C/O Andy Schmitz

Questions??? Contact Coach Schmitz: 614-352-8113 or aschmitz24@gmail.com

-----cut here-----

Player Name: _____ Parents Name: _____

Address: _____ City: _____

Parents Phone: _____ Parents Email: _____

PLAYER'S GRADE (2022-23): _____

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

****Turn in by May 20th to guarantee T-shirt size****

Are there any medical conditions/food allergies that the staff should be aware of?

I give permission for my child to participate in the Liberty Union Lions Girls Basketball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my child's participation in the camp, I hereby agree and promise that I will not hold the camp, schools, nor its employees responsible for any loss, damages or personal injuries that she 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 emergency room in case I cannot be reached.

Parent / Guardian Signature _____ Date: _____