**Liberty Union Lions Girls Basketball Camp**

**When: Tuesday May 30/ Wednesday May 31/ Thursday June 1**

**Who: Players entering grades 4 thru 8**

**Time: 9am to 10:45am (grades 4-6)** 

**11am to 1pm (grades 7-8)**

**Where: Liberty Union High School**

**Cost: $40 per camper - cash or check PAYABLE to “Liberty Union Athletics”**

**We want to help you improve your skills, self-confidence, self-discipline, and work ethic.**

**MAIL COMPLETED REGISTRATION FORM TO:**

**Liberty Union High School C/O Scott Burke**

**Questions??? Contact Coach Burke: 740-215-5633 or @ hsgirlsbasketball@libertyunion.org**

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**Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parents Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLAYER’S GRADE (2023-24): \_\_\_\_\_\_\_\_\_\_\_\_**

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

**\*\*Turn in by May 19th to guarantee T-shirt size\*\***

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**