



**Basketball Camp
2017**

Est. 2006

Camp Features

FUNDAMENTAL CAMP - JUNE 5-8 AT WILLOW SPRINGS MIDDLE SCHOOL

9:00-NOON
1:00-4:00

4TH-9TH GRADE
1ST-3RD GRADE

EACH CAMPER WILL RECEIVE A CAMP BALL & T-SHIRT
WEEKLY COMPETITIONS FOR TROPHIES!!!!

ELITE CAMP - JUNE 26-29 AT WILLOW SPRINGS MIDDLE SCHOOL

12:00-3:00

INCOMING 7TH-9TH GRADE

LEARN THE LOVEJOY SYSTEM OF BASKETBALL - PRACTICE LIKE THE HIGH SCHOOL
FREE CAMP T-SHIRT



JOIN THE FUN!

Please register online at lovejoyathletics.com/camps

If paying by check, please send this registration form and payment to:

Lovejoy ISD Athletic Department,
259 Country Club Road, Allen, TX 75002

2017 BOYS BASKETBALL SUMMER CAMP REGISTRATION FORM:

Name: _____ Male/Female: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____

Phones: _____

Email: _____

2017-18 Grade: _____ School: _____

T-SHIRT SIZE (Circle One): Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L Adult-XL AXXL

SESSION:	_____ June 5-8	9:00 AM - 12:00 PM	Incoming grades 4-9
	_____ June 5-8	1:00 PM - 4:00 PM	Incoming grades 1-3
	_____ June 26-29	12:00 PM - 3:00 PM	Incoming grades 7-9

FEE: \$90 per camper, if registration received before **May 12, 2017**

*Sibling Discount: subtract \$10 per camper, \$80 each.

\$100 per camper, if registration received on or after **May 12, 2017**

*Sibling Discount: subtract \$10 per camper, \$90 each.

*Sibling Discount is for siblings attending any session of the same camp hosted by the same coach.

No refunds on or after the first day of each camp.

Make checks payable to **Lovejoy BOYS Basketball Camp**

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____ PHONE _____

LIABILITY RELEASE and MEDIA RELEASE

I, The undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek, during the camp, the appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all medical costs of medical attention and treatment. I the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Lovejoy Camp Staff, its officers, agents, employees and representative successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained during participation in camp activities or while at camp, whether or not damages, injury or loss is due to negligence. In addition, I grant permission for my child's picture to appear in Lovejoy ISD Athletic publications.

PRINT NAME _____ SIGNATURE _____ DATE _____

Check # _____ Amount \$ _____ Date Received _____ Date Posted _____