

# **BOYS BASKETBALL CAMP**

**For Boys entering: GRADES 3 -8**

**May 31-June 2**

**Time: 6<sup>th</sup>-8<sup>th</sup> at 9:00 am- 10:30 am  
3<sup>rd</sup>-5<sup>th</sup> at 10:45 am- Noon**

Return form  
by May 13

**Location: Boone Central High School in Albion**

**COST: \$35.00 per camper includes T-shirt**

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

**Entering Grade:** \_\_\_\_\_

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

**Parent Name(s):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**T-Shirt Size: Youth: S M L / Adult: S M L XL**

I hereby grant permission for my son to participate in the Cardinal Basketball Camp. I specifically waive and give up and release the Cardinal Basketball Camp from liability for any claim for damages, which I, or my son, may sustain while at the basketball camp. I acknowledge that participation in the camp may involve, among other things, accidental physical contact of the body with other persons. These actions or activities may incur risk of injury. In such a case, I authorize the Cardinal Basketball Camp to act, for me, in medical matters according to their best judgment and to call me as soon as possible.

**Parent Signature:** \_\_\_\_\_

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

**Questions, Contact Justin Harris- [jharris@boonecentral.esu7.org](mailto:jharris@boonecentral.esu7.org)**