

Lady Hilltopper Youth Basketball Camp



For Girls in grades 3-8 (entering the 2026-2027 school year)

WHEN: June 2nd & 4th

WHERE: Chardon Middle School

TIMES: 3rd - 8th Grade: 8:15 - 10:15 am ***Chardon Middle School***

COST & REGISTRATION:

The total cost of the camp is \$100.00. Please complete your registration and send it in ASAP to guarantee a spot in the camp and a t-shirt!

Make checks payable to: Chardon Athletic Boosters

Bring the check and the registration form to the camp on Tuesday, June 4th, or MAIL to
Lady Hilltopper Youth Camp
Chardon High School
P.O BOX 312
Chardon, OH 44024

Goal of the Camp: The future Lady Hilltoppers will participate in competitive drills involving teamwork, shooting, ball handling, defensive skills, and passing in a fun and exciting atmosphere!

Each player will receive:

A camp shirt as well as daily interactions with the varsity coaches and players!

QUESTIONS: Contact Coach Hoenigman

Email - hoenigmanltd@gmail.com

Phone - 440-343-5942

2026 Registration Form

Participant's Name: _____

Parent/Guardian Phone: Home: _____ /Cell: _____

Age: _____ Grade in Fall '26 _____

Address: _____

EMAIL: _____

T-Shirt Size: YS/YM/YL/ S / M / L / XL / (Shirt sizes need ordered by 5/30/2026)

*****IMPORTANT: THE FOLLOWING WAIVER MUST BE COMPLETED*****

1. The undersigned is registering individually or as the Parent/Legal Guardian of a minor child or both. As used below, registrant is an adult registering for an activity individually or as a Parent/Legal Guardian of a minor child.

2. Recognizing the possibility of physical injury associated with the use of the recreational facility and engaging activity and program, and in consideration of the Chardon Athletic Boosters and Chardon Local School District accepting registrant for its program, the undersigned hereby assumes any risk and releases, discharges and otherwise indemnifies the Chardon Athletic Boosters and Chardon Local School District, and its employees and agents against any claim for injuries received by the registrant and/or minor(s) as a result of participation in the program and activity or use of the recreational facilities or during transport to or from same, which transportation is hereby authorized.

3. The undersigned hereby gives consent for emergency medical care prescribed by a duly licensed physical or doctor of dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb, or well being of the registrant and/or minor (s).

Print Name of Parent / Legal Guardian: _____ Date: _____

Relationship to minor(s): _____

Signature of Above (Required): _____

In the Event of Emergency Contact: _____

Relationship to minor(s): _____

Phone: _____