



Lady Leopards Summer Basketball Camp

**June 15-18, 2020
at Willow Springs Middle School Gymnasium**

Session 1 9:00AM - Noon For incoming grades K - 4

Session 2 1:00 PM - 4:00 PM For incoming grades 5 - 9

Camp Information:

- Includes a camp t-shirt, basketball and certificate of participation.
- Campers need to wear non-marking tennis shoes, shorts, t-shirt, and bring a towel.
- A licensed athletic trainer will be available during all camp activities.
- The camp will cover all fundamentals of Lady Leopard Basketball.
- All parents are invited to attend the Lovejoy Lady Leopard Basketball Camp.

**Hosted by Lovejoy Girls Basketball Staff
Head Coach: Lance Boxell
lance_boxell@lovejoyisd.net
(940) 735-2079**

Please register online at lovejoyleopards.net

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

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

2020 GIRLS BASKETBALL SUMMER CAMP REGISTRATION FORM:

Name: _____ Male/Female: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____

Phones: _____

Email: _____

2020-21: Grade: _____ School: _____

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

SESSION: _____ June 15-18 9:00 AM - Noon Incoming grades K-4 @ WSMS
_____ June 15-18 1:00 PM - 4:00 PM Incoming grades 5-9 @ WSMS

FEE: \$110 per camper, if registration received before **May 8, 2020**, \$60 per camper, Lovejoy Employee
*Sibling Discount: subtract \$10 per camper, \$100 each.

\$120 per camper, if registration received on or after **May 8, 2020**, \$70 per camper, Lovejoy Employee
*Sibling Discount: subtract \$10 per camper, \$110 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 GIRLS 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 _____