

AVON LADY ORIOLES BASKETBALL CAMP 2019

NAME: _____

GRADE IN '19-20: _____ SCHOOL: _____

ADDRESS: _____

CITY: _____ ZIP: _____

T-SHIRT SIZE (PLEASE PLACE A CHECK BY THE CORRECT SIZE):

YOUTH SMALL _____ ADULT SMALL _____ ADULT XL _____

YOUTH MED. _____ ADULT MED. _____ ADULT XXL _____

YOUTH LRG. _____ ADULT LRG. _____

EMERGENCY CONTACT INFORMATION:

GUARDIAN NAME: _____ RELATIONSHIP: _____

PHONE: _____ E-MAIL: _____

I give my child permission to attend/participate in the 2019 Avon Lady Orioles Summer Basketball Camp. I agree to not hold Avon Community Schools or any camp staff member liable for any claim of damages due to injury or illness that occurs as a result of participating in this camp. I understand that I will be responsible for any medical or other expenses that occur from participating in this camp.

GUARDIAN SIGNATURE: _____ DATE: _____

ALL COMPLETED REGISTRATION FORMS & FEES SHOULD BE MAILED TO:

CORIE WEST/AVON GIRLS' BASKETBALL CAMP

7575 EAST 150 SOUTH

AVON, IN 46123

COST - 1st CAMPER \$50.00: _____

ADDITIONAL CAMPERS \$30.00 EACH: _____

TOTAL \$ ENCLOSED: _____

NAMES/SHIRT SIZE OF ADDITIONAL CAMPERS: _____

**** PLEASE MAKE ALL CHECKS PAYABLE TO: AVON GIRLS BASKETBALL ****