

LADY COLT BASKETBALL CAMP

GIRLS GRADES 3-12

Where: Campus High School Main Gym

Time: 3rd-5th Grades: 11:30-1:00

Date: Monday-Thursday, June 5th- 8th

6th-8th Grades: 9:30-11:00

Fee: \$40 (includes a camp t-shirt)

High School: 7:30-9:00

Presented by High School Basketball Staff and Players

Name- _____ Parents- _____

Address- _____ Phone- _____

_____ Grade Fall 2017- _____

Emerg. Phone- _____ T-Shirt Size- _____ (Youth small-Adult 2X)

Please include payment with registration form. Make checks payable to **Josh Curtiss**. Mail payment to Josh Curtiss, 2100 W. 55th St. South, Wichita, KS 67217.

If you have any questions, please call Josh Curtiss at 316-371-2490.

Waiver and Consent Form

I, the undersigned, hereby consent to the rendering of emergency medical attention to _____ if the parent or legal guardian cannot be contacted for any reason. This consent extends to and is given to hospital or emergency personnel or the available healthcare providers. I release USD 261, Josh Curtiss and Staff from any responsibility and/or liability for any accidents and/or injuries involving my child. I understand that all campers must have their own insurance.



Parent or Guardian Signature