

# Lovejoy Boys Basketball Camp

**LOVEJOY**  
B A S K E T B A L L



- **Fundamental Camp**
- June 10-13
- Willow Springs M.S.
- 1st-3rd Grade: 9-Noon
- 4th-9th Grade: 1-4 pm
- Free Lovejoy Camp Ball
- Free Camp T-Shirt
- Trophies & Prizes

- **Elite Camp**
- June 24-27
- Willow Springs M.S.
- 7th-9th Grade: 12-3 PM
- Practice Like the High School
- Free Camp T-Shirt



# Please register online at [lovejoyathletics.com/summer-camps](http://lovejoyathletics.com/summer-camps)

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

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

## 2019 BOYS BASKETBALL SUMMER CAMP REGISTRATION FORM:

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Phones: \_\_\_\_\_  
Email: \_\_\_\_\_  
2019-20 Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

**SESSION:** \_\_\_\_\_ June 10-13 9:00 AM - 12:00 PM Incoming grades 1-3 @ WSMS  
\_\_\_\_\_ June 10-13 1:00 PM - 4:00 PM Incoming grades 4-9 @ WSMS  
\_\_\_\_\_ June 24-27 12:00 PM - 3:00 PM Incoming grades 7-9 @ WSMS

**FEE:** \$110 per camper, if registration received before **May 10, 2019**

\*Sibling Discount: subtract \$10 per camper, \$100 each.

\$120 per camper, if registration received on or after **May 10, 2019**

\*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 BOYS 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 \_\_\_\_\_