

Edmonson County Lady Cats

Youth Basketball Camp

Grades K-8

July 28-30

8:00 am-11:30 am @ ECHS Gym

Name: _____ Grade: _____ School: _____

Shirt Size: YS YM YL S M L XL

Parent/Guardian Name: _____

Phone #: _____ Alternate Phone #: _____

\$40 per camper, \$10 discount for each sibling within the same household (2nd child=\$30)

Make checks payable to ECHS Girls Basketball Boosters

Check _____ Cash _____ Amount: \$ _____

Does your child have any health issues we should be aware of? __Y __N

If yes, explain: _____

I hereby certify that my child is in good physical condition to participate in the above noted basketball camp. I give permission for emergency treatment to be given to my child in the event of an emergency, injury, or illness. I release the Edmonson County High School and any staff instructing my child of all liabilities in case of an injury or illness resulting from participation in the camp.

Parent/Guardian Signature: _____ Date: _____