

ASSUMPTION GIRLS BASKETBALL CAMP

WHO: 4TH, 5TH, 6TH, 7TH, 8TH GRADE ATHLETES
(Grade entering in 2010-2011 school year)

WHEN: JULY 19, 20, 21, 2010

WHERE: ASSUMPTION HIGH SCHOOL

TIME: 12:00PM – 1:30PM

STAFF: ASSUMPTION GIRLS BASKETBALL
COACHING STAFF

COST: \$20.00 per camper and each camper will receive a camp shirt.
Checks payable to: Assumption Athletics
(Campers please bring appropriate gear, such as, sweatpants or shorts, tennis shoes, and t-shirt to practice in.)

www.assumptiongirlsbb.org

(REGISTRATION DEADLINE IS WEDNESDAY, JULY 14, 2010)

Name (please print): _____ Phone#: _____

Address: _____ City: _____

Grade in 2010 – 2011 school year (please circle one): 4 5 6 7 8 School: _____

Send completed application to: Joe Birkhauser, Camp Director, 445 Chestnut Street, Wisconsin Rapids, WI 54494

I accept full responsibility for all medical expenses due to injury/illness incurred at the Assumption Girls Basketball Camp. I hereby authorize the coach of said camp to act for me according to his best judgment in any emergency requiring medical attention.

Parent Signature Required

Please Print Name Here