

ASSUMPTION GIRLS BASKETBALL CAMP

- WHO:** 9TH, 10TH, 11TH, 12TH GRADE ATHLETES
(Grade entering in 2010-2011 school year)
- WHEN:** JULY 19, 20, 21, 2010
- WHERE:** ASSUMPTION HIGH SCHOOL
- TIME:** 9:00AM – 11:00AM &
2:00PM – 3:30PM
- STAFF:** ASSUMPTION GIRLS BASKETBALL
COACHING STAFF
- COST:** \$30.00 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 2009 – 2010 school year (please circle one): 9 10 11 12

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