

# CENTENARY BASKETBALL SUMMER CAMPS

## CAMP INFORMATION

<p><b>LADIES &amp; GENTS SKILLS CAMP I</b> BOYS ONLY 9 A.M.-NOON BOYS AND GIRLS AGES 5-14</p>	<p><b>MAY 30-JUNE 1</b> GIRLS ONLY 1-4 P.M. COST: \$75</p>
<p><b>DAY CAMP</b> MONDAY-WEDNESDAY 9 A.M.-4 P.M. BOYS AND GIRLS AGES 6-12</p>	<p><b>JUNE 19-22</b> THURSDAY 9 A.M.-NOON COST: \$150 (LUNCH INCLUDED)</p>
<p><b>GENTS ELITE CAMP</b> TIME: 8-11 A.M. BOYS ENTERING 9TH-12TH GRADE</p>	<p><b>JUNE 23</b> COST: \$25</p>
<p><b>LADIES &amp; GENTS SKILLS CAMP II</b> 9 A.M.-NOON BOYS AND GIRLS AGES 5-14</p>	<p><b>JUNE 26-28</b> COST: \$75</p>
<p><b>ADVANCED SKILLS CAMP (GENTS 26-27, LADIES JUNE 28-29)</b> TIME: 1-4 P.M. EVERYONE ENTERING 6TH-9TH GRADE</p>	<p>COST: \$50</p>
<p><b>LADIES ELITE CAMP</b> TIME: 9 A.M.-NOON GIRLS ENTERING 9TH-12TH GRADE</p>	<p><b>JUNE 29</b> COST: \$25</p>
<p><b>SHOOTING CAMP</b> TIME: 9 A.M.-NOON BOYS AND GIRLS AGES 8-14</p>	<p><b>JULY 10-12</b> COST: \$75</p>

For more information contact:

David Foley  
Head Ladies Basketball Coach  
318.841.7312  
dfoley@centenary.edu

Make checks payable to:  
Centenary Basketball  
Camp



## SUMMER CAMP REGISTRATION/CONSENT

### REGISTRATION FORM

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 AGE \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_  
 PARENT'S NAME \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 CELL# \_\_\_\_\_

(CHECK BOX FOR EACH CAMP ATTENDING)

- Ladies Skills Camp I (May 30-June 1)
- Gents Skills Camp I (May 30-June 1)
- Day Camp (June 19-22)
- Gents Elite Camp (June 23)
- Ladies Skills Camp II (June 26-28)
- Gents Skills Camp II (June 26-28)
- Gents Advanced Skills Camp (June 26-27)
- Ladies Advanced Skills Camp (June 28-29)
- Ladies Elite Camp (June 29)
- Shooting Camp (July 10-12)

### PARENT / GUARDIAN SECTION

I hereby release this camp, its employees, and the directors from any liability for accidents, medical or dental, or any other expenses incurred as a result of the accidents. By signing this form, I certify that my child has no injury or illness, which could jeopardize his well-being by participating in all activities of the Centenary Summer Camps. I also authorize the camp directors to act for me according to their best judgment in an emergency requiring medical attention.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

COMPANY \_\_\_\_\_

GROUP/POLICY # \_\_\_\_\_

PHYSICAL CONDITIONS \_\_\_\_\_

(i.e. allergies, special restrictions)