



Kirtland Lady Hornets

2019 Basketball Camp

June 10-13

Camp is for **GIRLS** entering Grades 2 to 8. Time: 9:00am – 12:00pm.

Campers will participate with others of similar age and skills. The camp will stress age appropriate fundamentals, and is located at the Elementary and High School gyms. The camp will include T-shirts, daily hustler awards and Kool-Aid.

Camp will be directed by Julie Madden-Lady Hornets JV Coach of 14 years, Lady Hornets Head Coach Bob Bell, Suzanne Boyd-13 years of camp experience and youth development, Carly Madden-Alumni and 11 years of camp experience, along with the KHS basketball players assisting at camp.

Cost: \$60 per camper (2 sisters=\$100 and 3 sisters=\$150)

Make check payable to: **Kirtland Board of Education**

For more information, please call Julie Madden at (440) 622-9569 or
Suzanne Boyd at (330) 472-8837.

Please detach and send completed Registration and Emergency form with payment to:

Lady Hornets Basketball Camp

C/O Julie Madden

8122 Chardon Road

Kirtland, OH 44094

Early registration is encouraged for T-Shirt order. Enrollment is limited to maintain small group instruction.

Note: Please keep this page for future reference

Registration and Emergency Form

Name _____ Phone _____

Address _____ City _____ Zip _____

Grade entering Fall '19 _____ School _____

Age _____

T-shirt size: Please circle YM YL AS AM AL AXL

Mothers Name: _____ Phone: _____

Email: _____

Fathers Name: _____ Phone: _____

Email: _____

Doctors Name: _____ Phone: _____

Dentists Name: _____ Phone: _____

Permission to Seek Medical Treatment

I, _____ (parent/guardian) DO hereby grant the Kirtland Girls Basketball Camp permission to seek Medical treatment for my minor child, _____, (child's name) in the event of an accident or illness during my absence.

WAIVER

I hereby grant permission for my child _____ (name) to participate in the 2019 Kirtland Lady Hornets Basketball Camp and agree for myself and my child, to hold harmless the Kirtland Board of Education, their officers, trustees, coaches and agents, for any and all injuries that my child may sustain while participating in the 2019 Lady Hornets Basketball Camp, including traveling to or from any event. I confirm that some form of insurance in the event of any injury covers my child, and I will look to my insurance carrier for coverage in the event of any injury or illness.

Date: _____ Signature of Parent/Guardian: _____

_____ Please check here if your child has any medical condition that may limit participation in camp, or is taking any medications, using inhalers, etc. Please use the back of this form to explain the condition or to list medications and the reason the child is taking them, and if they will be bringing them to camp.