



BOYS AND GIRLS BASKETBALL CAMP

June 6th-9th, 2011

Basketball camp

9:00am to 12:00pm for ages 7-15

Cost: \$110

(make checks payable to LCA Basketball)

Held at Lexington Christian Academy's Rose Campus.

Fill out the following registration and mail along with

Payment to:

Brad Carter

450 W Reynolds Rd

Lexington, KY 40503

Any Questions Contact Brad Carter @ 859-422-5781 or bcarter@lexingtonchristian.org

REGISTRATION FORM

Last Name	First Name	Address
City/Zip	Home Phone	Birth date
Parents/Guardian Name	Parents/Guardian Work/Cell Phone	Parents/Guardian Email
T-Shirt Size – Specify Youth or Adult		

(Please read carefully! Release must be signed!)

MEDICAL RELEASE

Doctor's Name _____ Doctor's Phone _____ Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? ____ If yes, please state conditions _____ Emergency Contact (name & phone in the event the parents cannot be reached)

I, _____, parent or legal guardian of _____

Do hereby agree and make public that I will not hold LCA or any adult/youth sponsor responsible for any accidents or injuries that may be sustained in connection with the 2011 LCA Basketball Camp. I understand precautions for the safety of my child have been taken. I also understand accidents do happen and I will assume responsibility for any losses thereof. I also authorize emergency treatment for my child if it should become necessary and do hereby give my consent for any medical treatment deemed necessary for the welfare of my child.

Signature of parent/ guardian

Date