

ASSUMPTION GIRLS BASKETBALL CAMP

WHO: 9TH, 10TH, 11TH, 12TH GRADE ATHLETES
(Grade entering in 2014-2015 school year)

WHEN: JULY 21, 22, 23, 2014

WHERE: ASSUMPTION HIGH SCHOOL

TIME: 9:00AM – 11:00AM &
2:00PM – 3:30PM

STAFF: ASSUMPTION GIRLS BASKETBALL
COACHING STAFF

COST: FREE!!! Each camper will receive a camp shirt.
(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 16, 2014)

Name (please print): _____ Phone#: _____

Address: _____ City: _____

Grade in 2014 – 2015 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