

# Springfield High School

## Boys Basketball Camp

### June 4<sup>th</sup> – June 8<sup>th</sup>

_____ 7-10 yrs old	8:00 – 9:30 a.m.	\$50
_____ 11- 8 <sup>th</sup> graders	10:00 a.m. – 12:00 p.m.	\$50
_____ Incoming Freshman	1:00 – 3:00 p.m.	\$50

Make checks payable to: Springfield High School Boys Basketball

Send application to: Springfield High  
 Attn: Matt Reed  
 101 S. Lewis  
 Springfield, IL 62704

Quality instruction  
 will be provided by  
 actual high school &  
 jr. high coaches.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date: \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt size(adult) \_\_\_\_\_

School(2011-2012) \_\_\_\_\_ Grade \_\_\_\_\_

I hereby authorize the directors of the “Springfield Senators Basketball Camp” to act for me according to their judgment in any emergency requiring medical attention. I hereby submit that my child has seen a physician in the last year and is physically fit to participate in the basketball program.

I hereby release Springfield High School, including all camp directors, employees, and their successors, assigns and legal representatives from all liability and all claims for personal injury, whether or not caused by negligence, while participating in this basketball program.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

