



Lady Gales 2015 Basketball Camp



June 1st - 4th

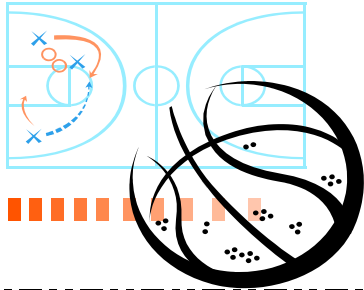
For girls entering grades 1 - 9 in the fall of '15

Grades 1-3	8:00 - 10:00am	Cost: \$45	at Lancaster high School Gym
Grades 4-6	8:00-11:00am	Cost \$75	at Lancaster High School Gym
Grades 7 - 9	12:00 - 3:00pm	Cost: \$65	at Lancaster High School Gym

The Lady Gales Basketball Camp emphasizes the fundamental skills needed in becoming a well balanced basketball player. Basic concepts of shooting, ball handling, and defense will be worked on daily. Also, individual players will experience the enjoyment of the game and teamwork through scrimmages and games. Players will be able to show off their skills on the last day and compete for numerous awards in many different agilities

Each participant will receive a camp T-Shirt , string bag, and a basketball

Please complete this form and send payment to:




Sarah Chevalier
Lancaster High School
1312 Granville Pike
Lancaster, OH 43130

If you played in developmental league 2014-15 \$65

Questions: Sarah Chevalier
s_chevalier@lancaster.k12.oh.us or 681-7557

This Camp is not sponsored by Lancaster City Schools

Make Checks or Money Orders payable to: **Lady Gales Basketball Camp**

Player's Name _____	Grade Entering this Fall _____	
Player #2 Name _____		
Address _____		
City _____	Zip _____	Phone Number _____
Parents Email _____		Parent Name _____
Emergency Contact _____		Emergency Phone _____
 Shirt Size: Youth M Youth L Adult S Adult M Adult L Adult XL		
Are there any medical conditions that the staff should be aware of? _____ _____		
<p><i>I give my permission for my daughter to participate in the Lady Gales Basketball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my daughters participation , I will not hold the camp employees or Lancaster City Schools responsible for any loss, damages, or injuries that may be received as a result in the participation in this camp. In addition, I give my permission for any medical treatment by any qualified physician or at the nearest hospital emergency room in case that I cannot be reached.</i></p>		
Parent or Guardian Signature: _____		Date: _____