

PICKERINGTON NORTH BOYS BASKETBALL CAMP

*******(JUNE 13-16)*******

“HOOP IT UP WITH THE PANTHERS”

Pete Liptrap, Head Coach, Pickerington High School North

DATES: June 13-16 (8:30-11:30) Grades 3-7 (2011-12 School Year) Mon-Thur.

WHERE: All sessions will be held in the varsity gym and field house at **North High School**

PURPOSE: The purpose of this camp is to teach the fundamentals of basketball.

THIS CAMP IS FOR STUDENTS WHO WILL BE ATTENDING NORTH HIGH SCHOOL ONLY

FEE: The fee for this camp is \$75. T-shirt will be included at no additional charge. Fees will NOT BE REFUNDED if a camper quits without a good cause.

LIMITED ENROLLMENT - LIMITED TO THE FIRST 100 WHO APPLY

REGISTRATION: (FORM/FEE DUE BY JUNE 6th) In order to conduct the best possible camp, we encourage everyone to register by mail as early as possible. Organization is much easier if we know the number of campers to expect. Mail the completed application form along with a check or money order for \$75 payable to:

Pete Liptrap

Pickerington High School North

7800 Refugee Rd.

Pickerington, OH 43147

Or call me at my work number 830-2700 home number 864-0646 cell 581-7022

LATE REGISTRATION: If you choose to register after the June 6th date the camp fee will be \$80 for a late shirt order.

------(CUT HERE)-----

PICKERINGTON NORTH BOYS BASKETBALL APPLICATION FORM

Name Of Camper(s) _____

Grade: (2011-12) School Year _____ **Phone:** _____

Address: _____

In case of an emergency I can be reached at: _____

Shirt Size: YL S M L XL - Most prefer larger shirts

I give permission for my son to participate in the Pickerington North Boys Basketball Camp and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my son's participation in the PNBBC, I hereby agree and promise that I will not hold the PNBBC nor its employees responsible for any loss, damages or personal injuries that he may receive as a result of 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 I can't be reached.

PARENT OR LEGAL GUARDIAN: _____

Please Dress Properly And Wear Good Shoes/Each Participant Should Have Medical Insurance

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