**LCM FUTURE CHAMPIONS**

**2017 GIRLS BASKETBALL CAMP**

JUNE 5 - 8 LCM HIGH SCHOOL GYM

INCOMING 4, 5, & 6 GRADERS 8:30 – 10:30 am

 7, 8 & 9GRADERS 10:30 – 12:30 pm

$60.00 (cash or make checks payable to Linda Riddick) $10.00 SIBLING DISCOUNT

The primary purpose of the camp is to provide girls an opportunity to learn and improve their basketball skills in a fun setting. Emphasis will be placed on shooting, defensive play, and game play. Special attention will be given to the development of self-confidence, motivation and sportsmanship by the LCM high school coaching staff and former varsity players.

Campers will need to wear t-shirt, shorts, and court shoes. Water, sports drinks and snacks will be available to purchase each day. Please detach portion below and send to Linda Riddick with check or cash by May 26 to insure camp T-shirt. Registration at the door is accepted but without a guarantee of a shirt. Send to Linda Riddick, 560 Lost Lake Lane, Vidor, TX 77662

Any questions, contact Coach Riddick at lriddick@lcmcisd.org

WE LOOK FORWARD TO SEEING YOUR DAUGHTER AT CAMP & HER BEING A PART OF THE LCM LADY BEAR FAMILY

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NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE IN FALL 2017\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUARDIAN NAME & CONTACT#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIRCLE T-SHIRT SIZE YM YL AS AM AL AXL

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to participate in the LCM Future Champions Basketball Camp. I authorize the camp director to act for me according to her best judgment requiring medical attention. I hereby waive and release the LCM CISD staff from liability for injury. I know of no mental or physical problems that affect my child’s ability to safely participate in this camp.

Guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies or medical conditions which the camp staff should be aware of: