

ZACHARY HIGH SCHOOL
GIRLS BASKETBALL CAMP

Ages: 6-14

Wednesday May 24th – 26th

Time: 6:00 – 8:00 p.m.

Zachary High School Gym

\$50.00

Camper Information: (Please print clearly)

Name: _____

Address: _____

Grade Entering Fall 2017: _____ Age: _____

All campers will receive a t-shirt

Parent/Guardian Contact Information (Please print clearly)

Name: _____ (Relationship to camper)

Cell: _____ Email Address: _____

I hereby authorize the directors of this Girls Basketball Camp to act for me according to her/his best judgment in the event of an emergency requiring medical attention. I know of no mental or physical problem which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or any other charge in connection with her attendance at camp. I agree to abide by the rules and regulation of the camp.

X _____ (Print Campers Name)

X _____ (Parent/Guardian Signature)

Please mail forms to: Zachary High School

4100 Bronco Lane

Zachary, LA 70791

Attn: Tami Reynolds-McClure

For more information or questions email: tami.mcclure@zacharyschools.org

PLEASE MAKE CHECKS PAYALBE TO: Tami Reynolds-McClure