

LORDSTOWN**BASKETBALL**

Boys and Girls Youth Basketball Camp 2017

At the Lordstown Youth Basketball camp, the focus will be on individual improvement. We want each camper to leave knowing that their true success comes from giving their best effort to become their personal best.

Boys Varsity Basketball Coach Brian Force and Girls Varsity Basketball Coach Dave Smith and staff, with assistance from the varsity boys and girls basketball players, will instruct campers on offensive fundamental skills in a non-competitive station format including proper shooting form, passing, ball handling, pivoting and footwork, jumps stops, and the air dribble. We will attempt to show every camper how they can make themselves a better basketball player by working on these fundamentals every day. Throughout the week, campers may also apply these skills in 1-1 games, 3-3 contests, and 5-5 league competition. We will also have a Hot Shot competition and the very popular "Money Ball" shot each day.

Camp Dates and Times:

- A. Boys and Girls Entering K – 3rd Grades
Monday – Thursday June 5th-8th
9:00 AM – 10:30 AM
- B. Boys and Girls Entering 4th – 8th Grades
Monday – Thursday June 5th-8th
11:00 AM – 1:00 PM

Location:

Lordstown High School Gym

Instructors:

Brian Force, boys coach
Dave Smith, girls coach
High School assistant coaches and players

Cost: \$40 which includes a Lordstown Basketball t-shirt

Please make checks payable to: Lordstown Youth Basketball

LORDSTOWN BASKETBALL CAMP 2017

Camper Name _____ Age _____ Grade Entering in the Fall _____

Circle T-Shirt Size

YOUTH: S M L

ADULT: S M L XL XXL

Address _____ City _____ Zip _____

Parents Names _____ Home Phone Number _____

Parent Cell Numbers _____ email: _____

Emergency Contact _____ Emergency Phone # _____

In consideration for the acceptance of the Lordstown Basketball Camp Registration, I hereby waive and release myself, my heirs, and my administration and all right claims and damage against Lordstown High School, Lordstown Youth Basketball, Inc., and all camp representatives. I further waive myself from any injuries suffered by me at this camp, during and traveling to and from.

Parent/Guardian Signature _____ Date _____

Mail Check (made out to Lordstown Youth Basketball) and Registration to:

Attn: Brian Force – Youth Basketball Camp

Lordstown High School, 1824 Salt Springs Rd., Lordstown, OH 44481

Or BRING THE FORM WITH YOU THE FIRST DAY OF CAMP

***Please fill out BOTH SIDES including the Emergency Information Form located on the back.**



GRADE _____

Lordstown School District

EMERGENCY MEDICAL AUTHORIZATION

Student Email Address: _____

Parent(s) or Guardian Email Address: _____

Parent(s) or Guardian Email Address: _____

Student Name _____ Address _____

Home Phone _____ Custodial Parent(s) ☐ Mother ☐ Father ☐ BothName _____ ☐ Mother ☐ Stepmother ☐ Other _____

Place of Employment _____ Work Phone _____ Cell Phone _____

Name _____ ☐ Father ☐ Stepfather ☐ Other _____

Place of Employment _____ Work Phone _____ Cell Phone _____

Other relative or neighbor to be called and student released to if the above person cannot be contacted:

Name _____ Phone _____ Relationship _____

or Name _____ Phone _____ Relationship _____

If applicable, restrictions regarding student's release during the day _____

*Is there a court order which limits/prohibits non-custodial parent contact? YES NO If yes is circled, parent must contact the office, and provide legal documentation.***PART I - TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

I hereby authorize Lordstown Local Schools' personnel to administer basic first aid to my child in the event of minor injury at school or during school sponsored activities or field trips. Parents will be contacted if more extensive treatment is required.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date _____ Signature of Parent/Guardian _____

PART II - REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date _____ Signature of Parent/Guardian _____