

**ABILENE HIGH LADY EAGLE
BASKETBALL CAMP**

Open to all area girls entering the 5th thru 9th grade.

Location: Abilene High Gym

Dates: June 7th – 9th

Camp Times: 9 am-12(noon)

Campers may bring a snack to eat during break times.

Cost: \$40.00 (includes insurance and camp t-shirt)

If needing financial assistance please contact Coach Palmer at 677-1731 ext. 3240. Also available are discounts for two or more girls from the same family.

Coaches working the camp will include: Abilene High School Girls Basketball Staff, middle school coaches and past Lady Eagle players.

If you have any questions please call 677-1731 ext. 3240

Please Cut-----

Return Bottom Portion to: LADY EAGLE BASKETBALL CAMP
ATTN: COACH BRENT PALMER
2800 N. 6TH
ABILENE, TX 79603

CAMP APPLICATION: PLEASE PRINT

CAMPERS NAME _____
ADDRESS AND ZIP CODE _____
PHONE # _____ CELL(EMERG#) _____
AGE _____ GRADE ENTERING IN 10 _____
SCHOOL ATTENDED THIS YEAR _____
T-SHIRT SIZE (MEN'S SIZES) CIRCLE ONE: SMALL MEDIUM LARGE XL

METHOD OF PAYMENT: CASH CHECK MAKE CHECK PAYABLE TO **LADY EAGLE BASKETBALL CAMP**---PLEASE INCLUDE DL #

REGISTRATION **DEADLINE IS June 1st** IN ORDER TO GUARANTEE A CAMP T-SHIRT WITH NAME ON BACK. YOU MAY ALSO REGISTER THE DAY OF CAMP. **IT WILL BEGIN AT 8:00 AM.**

STATEMENT OF RELEASE/WAIVER

I hereby give my permission for the staff of the Abilene High School Girl's Basketball Camp to seek, during the period of the camp, appropriate medical attention for my daughter in the event of injury. I will be responsible for any and all costs of medical attention and treatment except for that covered by the camps medical coverage policy. I also agree to indemnify and save harmless AISD, Abilene High School or any camp employees for any claim hereafter as a result of such injuries.

PARENT'S SIGNATURE _____ DATE _____