

# 2017 D'Town Basketball Camp Registration Form

## "Back to the Basics"

- Coaches working the camp will include the head coach of Dutchtown High, as well as assistant coaches of Dutchtown High.
- Dutchtown High's Current and Former Players will assist coaches with instruction.

**Age Groups:** Boys and Girls who will be entering 1<sup>st</sup> grade in the fall of 2017 to Boys and Girls in the 8<sup>th</sup> grade.

**When: June 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup>, and 29<sup>th</sup>**

**8:30am to 11:30am**

**Cost of camp: \$80 per kid and a \$10 discount for every sibling after.**

-Payments must accompany registration

-Make checks payable to **Griffin Booster Club**

**Mail to:**

**D'Town Basketball camp**

**16507 Anna Belle Dr.**

**Prairieville, La. 70769**

-Pre-registration must be post-marked no later than Monday June 19<sup>th</sup>.

-Walk-up campers will be accepted with payment of \$95.00 on the 1<sup>st</sup> day of camp!

-Any questions please contact Coach Patrick Hill @ (225) 955-1353

-Basketballs and water will be provided.

\*We are not responsible for any lost or stolen items.

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**Name:** \_\_\_\_\_ **Grade in fall of '17:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent(s) Name(s):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Medical Release:

I/We, the undersigned individual and as a parent(s) or guardian(s) of \_\_\_\_\_, a minor, ask that he be admitted to participate in the D'Town Basketball Camp. In consideration of such admission, I/we do hereby agree to release, discharge and hold harmless the camp coaching staff, Griffin Booster Club, and the Ascension Parish School Board from all causes, liabilities, damages, claims, or demands whatsoever on the account of any injury or accident involving the minor arising out of the minor's attendance at this basketball camp. I also hereby authorize the coaches of the D'Town Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. The coaches of the D'Town Basketball Camp are acting as independent agents.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*If the camper has any existing health issues we should know about (allergies, asthma, etc), please list them on the back of this form.***