

Lake City Basketball Camp 2009

June 22-25, 2009
at Lake City High School

9:00am-12:00pm – Incoming Grades 1-5
1:00pm – 4:00pm – Incoming Grades 6-8

CAMPER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

PARENT or GUARDIAN NAME _____
Emergency numbers

WORK _____ CELL _____

FALL 2009 GRADE _____ SCHOOL _____

T-SHIRT SIZE – Youth Sizes

_____ Sm _____ Med _____ Large _____ XL _____ Other

COST: \$75.00 per camper – each additional camper from the same family - \$25.00
Make Checks payable to Lake City Basketball
Mail to: 2731 W Bolivar Ave, Coeur d’Alene ID 83815

Questions? Contact Jim Winger – 765-6354 (home) 769-0769 (school)

jwinger@cdaschools.org

OR Ethan Haberman – 755-4223 (cell) or ehaberman@cdaschools.org

MEDICAL AUTHORIZATION

I hereby authorize the camp director and/or any employees of the Timberwolf Basketball Camp to act in my absence in the case of illness or injury involving my child. I understand that I am responsible for any and all medical and other charges (such as ambulance transportation) incurred during my child’s participation in the Timberwolf Basketball Camp. I understand that the camp and Lake City High School assume no responsibility for administering medication and/or first aid to my child.

Medical Ins Co _____ Policy # _____

Parent/Guardian Signature _____

Date _____