



2018 SUMMER BASKETBALL CAMP

WHO: ALL boys entering grades 4th thru 6th

WHEN: May 30th, 31st & June 1st

TIME: 9 am to 11 am (4th thru 6th grade)

WHERE: Campers should report to the Covington K-8 School gym in shorts, shirt and gym shoes.

COST: \$30 (Payable to Covington Basketball)

PRIZES: Shooting Games
Team Relays
Camper of the Week

All Campers will receive a **Dri-Fit Camp Shirt** at the end of the camp if registered by **Saturday May 19th.**



Camp will be instructed by Covington basketball staff and members of the BUCCS high school teams. Contact Coach Dean Maxson with any questions at (937) 214-3260.

Important:
Please mail registration & payment to Coach Maxson.

Mail registration & payment to: Coach Dean Maxson
301 Chestnut St.
Covington, OH 45318

Name: _____

Address: _____

Email: _____

Phone #: _____

Emergency #: _____

Age: _____ Grade (2016-17 School Year): _____

Pertinent Medical Information: _____

Shirt Size: YS YM YL AS AM AL AXL

PARENT PERMIT FOR ATHLETIC PARTICIPATION

I hereby grant permission for my son,

(First & Last Name)

to participate in the Gym Rat Basketball Summer Camp.

One of the following statements MUST be answered in the affirmative to complete this permit:

___ YES, I have adequate insurance to cover medical expenses, if needed.

___ YES, I will assume all responsibilities for medical expenses without the benefit of insurance.

I hereby give consent for the coaches or school officials of the Covington Exempted Village Schools to secure treatment at the best available hospital in case of injury. We further give consent for the hospital officials or doctors in charge to take necessary action until such a time as I am able to contact them.

Parent Signature

Date