



2017 SUMMER BASEKTBALL CAMP

WHO: ALL boys entering grades 4th thru 8th

WHEN: June 13th, 14th, & 15th

TIME: 8:30 am to 10 am (4th thru 6th grade)
10:30 am to 12 pm (7th & 8th 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**
27th.

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 Bucc Tough 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