

Southeast High School Boys Basketball Camp June 10-June 14

Age/Grade

_____ 7-10 Yrs Old
_____ 11 yrs old-8th grade
_____ Incoming Freshman

Camp Times

(\$50) 7:45 a.m.-9:45 a.m.
(\$50) 10:15 a.m.-12:15 p.m.
(\$50) 1:15 p.m.-3:15 p.m.

If a child chooses to stay for two sessions, the cost will be \$75.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: _____ AGE: _____ T-SHIRT (ADULT): _____

GRADE (2018-2019): _____ GRADE (2019-2020): _____

EMERGENCY CONTACT NUMBER: _____

I hereby authorize the directors of the "Southeast Spartans Basketball Camp" to act for me according to their judgment in any emergency requiring medical attention. I hereby submit that my child has seen a physician in the last year and is physically fit to participate in the basketball program. I hereby release Southeast High School, including ALL camp directors, employees, and their successors, assigns and legal representatives from all liability and all claims for personal injury, whether or not caused by negligence, while participating in this basketball program.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Make checks payable to:
Southeast High School Boys Basketball

Send Application to:
Southeast High School
Attn: Lawrence Thomas
2350 E. Ash Street
Springfield, IL 62703

Questions:
217-971-5762