Cougar Basketball Day Camp
August 7th-10th, 2017
Grades 3-9
12:30-3:30 p.m.

Sponsored by: Zion Lutheran School and Lamb of God Lutheran Church
Location: Zion Lutheran School, 3923 103rd Ave SE,
Lake Stevens, WA.

Ages: The camp session is open to boys and girls entering grades 3– 9. Fundamental skill development will be stressed and achieved through small group work and instruction. Participants will be taught the basics of individual defense and offense, ball handling, shooting, rebounding, Christian sportsmanship, and other essential basketball fundamentals.

Cost: The cost is **$50.00** per participant; (**$30.00** for each additional child in a family.) For financial assistance please contact Jan Novak. The fee includes instruction, snacks, certificate and a quality T-shirt. The camp will not supply athletic tape and training supplies. Each athlete is required to provide his or her own medical/accident insurance.

Registration and Payment: Checks payable to: ***Lamb of God Lutheran Church, Memo– Basketball Camp***
Send registration to: Cougar Basketball Camp
3923 103rd Ave. SE
Lake Stevens, WA 98258

Camp Directors: Jan Novak, Basketball Coach and Athletic Director, ZLS (retired)
Lizzie Hassebrock, 2016 ZLS Basketball Camp Director

Information and questions:
Jan Novak, 425 377-2173 (W) (360) 691-3372 (H)
Website: www.lambofgod-lakestevens.org
E-mail: secretary@lambofgod-lakestevens.org

Space is limited so register early!

Registration due: Aug 4th (t-shirt not guaranteed after this date)

Name _____ Shirt Size (circle) S M L (adult)

Birth date ____/____/____ HT _____ WT _____ Grade _____ (Fall 2016) Years of Experience _____

Parent/Guardian Names _____

Address_____
City State Zip

Emergency Contact Information: Name_____ Phone #_____
Name_____ Phone #_____

I hereby authorize the staff of the Cougar Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injury or illness incurred while at camp. I acknowledge that I am responsible for any and all medical expenses due to my son's/daughter's illness or injury. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp programs as outlined in the above application. Listed are any known allergies or medical conditions:

_____

_____

My child is covered by: Insurance Co. _____ Policy # _____

Signature of parent/legal guardian: _____

Date_____ Phone_____