

Summer Camp



Summer Camp



Lady Leopards Basketball Summer Camp 2015



NBC Champs
2006, 2007, 2008
2011, 2012, 2013

General Camp Info.

General Information:

The camp will take place for four days and will be conducted at Louisville High School. Please use the front door entrance to the school. The doors will open at 8:15 in the morning. Each camper should pre-pay and wear athletic clothing to the sessions.

Camp Director:

Coach Garee McCully (Louisville Girls Varsity Basketball Coach). If you have any questions. You can contact me by email:

mccully@louisville.sparcc.org

Objective:

The Lady Leopards Basketball Camp is designed to teach the fundamentals of the game of basketball. Through the use of station work, contests, 1/1, 2/2, 3/3, 4/4, and 5/5 the campers will be taught how to become better dribblers, shooters, passers, finishers, defenders, and rebounders.

What Do I Need To Mail:

1. Check made out to: Louisville Athletics
2. Filled Out - Camper Information and Release Form
3. Filled Out - Emergency Med Form (Included In Packet)

Payment Information

Who do I make checks to:

Louisville Athletics

Where do I mail checks to:

ATTN: Garee McCully
Louisville Middle School
1300 S. Chapel St.
Louisville, Ohio 44641

How much is the camp:

Going into grades 1-2:

40.00 per individual
60.00 for two members of the same family
70.00 for three members of the same family

Going into grades 3-8 :

50.00 per individual
70.00 for two members of the same family
80.00 for three members of the same family

If you have a player in Younger and Older Sessions

60.00 for two members of the same family
70.00 for three members of the same family

Registration Deadline:

Payment and registration form is due by: **Wednesday May 20th.**

Note: Any late registration or registration at the door will not be guaranteed a shirt and camp item.

Camp Information

When:

Monday June 8th - Thursday June 11th

Where:

Louisville High School

Time:

Going into grades 1-2 8:30 a.m.-9:30 a.m.
Going into grades 3-5 10:00 a.m.- 12:00 p.m.
Going into grades 6-8 1:00 p.m.- 3:15 p.m.

Directed By:

The Louisville Girls Basketball Coaching Staff
The Louisville Girls Basketball Players

What each camper will get:

All campers will receive a T Shirt, a subscription to our Lady Leopard Newsletter, and the following:

Grades: 1 and 2: Basketball
Grades: 3 - 5: Shorts
Grades: 6-8: Shorts

Campers will also be eligible to win awards for different contests conducted throughout the week.

Camper Information and Release Form

I understand I am financially responsible for any medical bills incurred by my child while at camp. I authorize the staff of the Lady Leopard Basketball Camp to act as they deem fit in the event an emergency arises. I hereby release and forever discharge the staff of the Lady Leopard Basketball Camp of and from any and all manner of actions, suits, damages, claims, and demands on account of personal injury or death arising from my child's participation in the basketball camp activities.

(Parent Signature)

(Date)

Player Information

Player Name _____ Age _____ Grade Entering _____

Birthday _____ School Name _____
(Elementary, North Nim, Middle School)

Mother's Name _____

Father's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Father's Cell _____ Mother's Cell _____

Player Cell Phone _____

Please Indicate Youth or Adult For All Sizes

ALL CAMPERS Shirt Size: _____ (Adult or Youth)

GOING INTO GRADES 3-8 ONLY Shorts Size: _____ (Adult or Youth)

Newsletter Information/Program News

In efforts to communicate with you and your athlete about upcoming events, newsletters, and any new program news we would like to have your email on file. Please put your email below so that we can keep you up to date throughout the year.

Father's Email _____

Mother's Email _____

Player's Email _____

Be sure to return this and your emergency medical card with your registration.



LOUISVILLE CITY SCHOOLS EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached. This form is required by law to be kept on file.

Student Name _____	Home Phone _____
<i>Last</i> <i>First</i> <i>Full Middle</i>	
Current Address _____	City _____, OH Zip _____
Gender: M / F (<i>Circle one</i>) Date of Birth _____	School _____ Grade _____ Bus # _____

IF PARENTS ARE DIVORCED OR SEPARATED:

Who has legal (court appointed) custody? _____
 Is there a restraining order? _____ Yes _____ No (*Select one*)
If yes, the restraining order is against whom? _____
 (Updated copies of these documents **MUST** be provided to the School)

MY CHILD MAY BE RELEASED to the following individuals if school authorities cannot reach me:
 (*Please list in preferred calling order; identification from these individuals will be required*)

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____

Relative or other daycare provider:

Name _____ Daytime Phone _____

MY CHILD MAY NOT BE RELEASED to the following individuals:

1. _____
2. _____

Mother's Name _____	Work Phone _____	Home Phone _____
Address (<i>If different from student</i>) _____		
Email Address _____	Cell Phone _____	
Legal Stepfather's Name _____	Stepfather's Work Phone _____	

Father's Name _____	Work Phone _____	Home Phone _____
Address (<i>If different from student</i>) _____		
Email Address _____	Cell Phone _____	
Legal Stepmother's Name _____	Stepmother's Work Phone _____	

Guardian's Name _____	Work Phone _____	Home Phone _____
<i>(If other than parents)</i>		
Email Address _____	Cell Phone _____	

PARENT/GUARDIAN....PLEASE COMPLETE AND SIGN THE REVERSE SIDE

PLEASE COMPLETE PART I OR PART II BELOW – NOT BOTH

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Medical Specialist's Name _____ Phone _____

(For chronic health conditions)

Hospital (*Preferred*) _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician, or dentist; and (2) transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications taken, and any physical impairments to which a physician should be alerted:

The School Nurse may share health information with appropriate school personnel to aid in present and future education decisions.

Parent/Guardian Signature _____ Date _____

PART II – TO REFUSE CONSENT

(Do not complete if you completed Part I above)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness requiring emergency treatment, I wish the school authorities to take the following action:

Parent/Guardian REFUSAL signature _____ Date _____