



# LAKE MICHIGAN<sup>®</sup> C O L L E G E

## 2014 Red Hawks Boy's Basketball Camp Registration Form

I am registering my child for basketball camp on July 14-17, from 9 a.m. – 5 p.m. for boys entering grades 4-9. Cost: \$175.00

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: Grade in Fall, 2014: \_\_\_\_\_ School: \_\_\_\_\_

T-Shirt Size: Youth: S M L Adult: S M L XL XXL

### PAYMENT

Form of payment: Check (payable to: Lake Michigan College), Credit Card: VISA Master Card Discover

Credit Card Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_ Total amount \$ \_\_\_\_\_

### TO REGISTER

Mail to Doug Schaffer, Lake Michigan College, 2755 E. Napier Ave., Benton Harbor, MI 49022 or fax to (269) 927-6718

**THIS FORM MUST BE COMPLETED AND RETURNED WITH PAYMENT FOR CAMPER TO BE OFFICIALLY ENROLLED.**

### MEDICAL AUTHORIZATION

List any special health conditions (e.g. medications, explanations, etc.)

\_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_ Contact Phone: \_\_\_\_\_

I, the undersigned, authorize the officials of Lake Michigan College to contact the person named on this form directly, and do authorize the named physician to render such treatment as may be considered necessary for the health of my child. In the event the physician, or person named as emergency contact on this form, or parents cannot be contacted, the program officials are authorized to consent to medical treatment and to take whatever action is necessary, in their judgment, for the wellbeing of my child. I will not hold Lake Michigan College financially responsible for the emergency care and/or transport of my child.

Parental Permission: \_\_\_\_\_ I authorize Lake Michigan College to use our child's picture for publicity for program.

### BEHAVIOR EXPECTATIONS AND DISCLAIMER OF LIABILITY

It is the expectation of the Lake Michigan College Red Hawk Basketball Camp that all participants will maintain high standards of courtesy and character. If a child's behavior interferes with camp activities, his parents will be warned. If the inappropriate behavior continues, the child may be removed from the camp.

The participant and his parents assume full responsibility for any damages arising from personal injury sustained during camp activities or on the way to/from the facilities. Having read the waiver and knowing these facts, I hereby waive and release Lake Michigan College, its representatives, and basketball camp staff from all claims or liabilities of any kind that may arise from participation during the Lake Michigan College Red Hawk Basketball Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# LAKE MICHIGAN<sup>®</sup> C O L L E G E

## Red Hawks Boy's Basketball Camp

July 14-17, 2014

◆ Learn the importance of teamwork, leadership skills, and education

◆ Develop basic skills in a fun environment

◆ No previous experience necessary

◆ Certified trainer on staff

◆ Space is limited. Register now!



### ELIGIBILITY

Boys entering grades 4-9

### CAMP SCHEDULE

July 14 - 17, from 9 a.m. - 5 p.m.

Mon. - Weds: Two games each day

Thurs.: Tournament & awards ceremony

### LOCATION

St. Joseph High School Field House

Field House opens 8:30 a.m.

### COST

\$175.00

### CONTACT

Doug Schaffer (269) 927-8170

[dschaffer@lakemichigancollege.edu](mailto:dschaffer@lakemichigancollege.edu)

### CAMP DIRECTORS



Head Coach  
Doug Schaffer



Assistant Coach  
Jeremy Schaeffer



Hall of Fame Coach  
Jerry Schaffer



Assistant Coach  
Gregg Schaffer

