



Summer 2009 Basketball Camp



Campers will learn basic skills in a fun environment and be instructed individually on the importance of teamwork, leadership skills and education. Two games will be played daily during the first three days of camp with a camp tournament and awards ceremony on the last day of camp. The camp will have a certified trainer on staff. No previous experience is necessary. **Space is limited so register early!**



Jason Cooper
Lake Michigan College
Athletic Director &
Women's Basketball Coach
MCCAA Coach of the Year 2009



Sam Cornett
Lake Michigan College
Head Men's Basketball Coach

GIRLS Individual Camp

Age: Girls entering grades 4-9 in Fall
Dates: July 13-16, 2009
Days: Monday—Thursday
Time: 9:00 am—5:00 pm daily
Location: St. Joseph High School Field House
Cost: \$150.00
***Field House will be open at 8:30 am**

BOYS Individual Camp

Age: Boys entering grades 4-9 in Fall
Dates: July 13-16, 2009
Days: Monday—Thursday
Time: 9:00 am—5:00 pm daily
Location: St. Joseph High School Field House
Cost: \$150.00
*** Field House will be open at 8:30 am**

For more information....

Contact Jason Cooper at 269-927-8165 or e-mail at cooperj@lakemichigancollege.edu for detailed information and daily schedule.

I am registering my child for: BOYS Camp—\$150.00 GIRLS Camp—\$150.00

July 13-16 (M-TH) - 9:00 am—5:00 pm

- Camp is designed for kids entering grades 4-9 in the Fall of 2009

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Home Phone: _____ Business Phone: _____

E-mail: _____ Fax: _____

Birthdate: _____ Age: _____

Grade (Fall 2009) _____ School _____

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

Form of payment: Total amount \$ _____
 Check Enclosed VISA Master Card Discover
 (payable to: LMC Foundation)
 Credit Card Number _____
 Expiration date: _____

REGISTER 2 WAYS: Mail this form to:
 Jason Cooper, Lake Michigan College, 2755 E. Napier Ave.,
 Benton Harbor, MI 49022 or
 Fax this form to (269) 927-8176

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

MEDICAL AUTHORIZATION

Special Health Conditions (i.e. medications, explanations, etc.) _____

Allergies: _____

Emergency Contact: _____ Daytime Phone: _____ Cell: _____

Family Physician: _____ Day Time: _____

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 well being 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 Basketball Camp that all participants will maintain high standards of courtesy and character. If a child's behavior interferes with camp activities, then his/her parents will be warned. If the inappropriate behavior continues, then the child may be removed from the camp.

The participant and his/her 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 Basketball Camp.

Parent/Guardian Signature: _____ Date: _____