



LUBBOCK CHRISTIAN UNIVERSITY

CHAP BASKETBALL CAMP

2009 REGISTRATION FORM



General Information:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

School: _____

Grade: _____

Position: _____

Parent's Name: _____

Parent's Phone Number: _____

Parent's E-mail Address: _____

Please Circle One:

Adult T-shirt Size: S M L XL XXL

Youth T-shirt Size: S M L

Please Check the Appropriate Boxes Indicating the Camp(s) to be Attended:

	DATE	DAY	AGE	GROUP	TIME	COST
<input type="checkbox"/>	JUNE 22-25	MON - THURS	3RD-6TH	BOYS	9:00 AM-NOON	\$90
<input type="checkbox"/>	JUNE 22-25	MON - THURS	7TH-10TH	BOYS	1:00 PM-4:00 PM	\$90
<input type="checkbox"/>	JUNE 26-27	FRI - SAT	6TH-12TH	BOYS - SHOOTING	1:00 PM-4:00 PM	\$50
<input type="checkbox"/>	JUNE 20-23	MON - THURS	5TH-8TH	BOYS	9:00 AM-NOON	\$90
<input type="checkbox"/>	JULY 20-23	MON - THURS	9TH-12TH	BOYS	1:00 PM-4:00 PM	\$90
<input type="checkbox"/>	JULY 24-25	FRI - SAT	6TH-12TH	BOYS - SHOOTING	1:00 PM-4:00 PM	\$50

Liability Release Statement:

As parent or guardian, I hereby grant permission for _____ to participate in the LCU Chap Basketball Camp(s) designated above. I acknowledge the fact that he/she is physically able to participate in camp activities. I hereby release the camp and its employees from all claims from injuries or illness which may be sustained by _____ and authorize treatment on _____ on an emergency basis in the event such treatment becomes necessary while attending camp. I also grant permission to Lubbock Christian University to photograph _____ for future advertisement of this camp.

BE SURE TO INCLUDE A COPY OF THE CAMPER'S INSURANCE CARD.

Signature of Parent or Guardian

Date

Please Make Checks Payable to: Chap Basketball Camp

Please Remit Payment to:
5601 W. 19th Street; Lubbock, TX