

INCOMING K - 4th
9:00AM - 11:00AM



INCOMING 5th - 8th
11:30AM - 1:30PM

JUNE 12th - 14th

Participant Information

Name: _____ Grade: _____ Birthday: _____
Address: _____
City: _____ State: _____ Zip: _____
School: _____

Shirt Size (circle one): YM YL AS AM AL XL 2XL

Parent/Guardian Information

Name: _____ Email Address: _____
Phone #: _____ Text Message: YES NO

Payment Information - \$40 per athlete

Cash _____ Check (check #) _____ Amount: _____

Please make checks payable to: NAGBB Booster Club

Please read the following statement and sign below:

My daughter has permission to participate in the New Albany Girls Basketball Summer Camp. I have no knowledge of any physical impairment that would affect, or be affected by, my daughter's participation in this event. I specifically waive and release NAHS Lady Bulldog staff, players, school, corporation, NAGBB Booster Club or any other site from any liability for injuries sustained as a result of this camp.

Signature of Parent/Guardian: _____ Date: _____