

LADY WILDCAT BASKETBALL CAMP

May 31-June 2 @ Mulvane High School

HIGH SCHOOL GIRLS (9-12)

10:00-12:00

_____ \$35.00

PLEASE PRINT CLEARLY

Please make all checks payable to Dale Landes.

Name _____

Parent's Name _____

Address _____

(Must be enrolled at Mulvane High School)

Phone (H) _____ (W) _____

Cell Phone _____

Emergency Contact Name/Phone _____

T-Shirt Size (Adult Sizes)

_____ Small _____ Medium _____ Large _____ X-Large

**Return/Send application: Return application to the office at Mulvane High School or mail to:
Dale Landes 10300 S. 89 St. E. Circle Mulvane, KS 67110**

**For any questions please contact: Dale Landes-777-1183 (High School)
or 371-5736 (Cell)**

Camp coaches include current MHS coaches plus former MHS players.

Medical Release: All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted and the form signed by a parent or guardian of the camper.

Insurance Company:

Policy Number

PARENT/GUARDIAN PLEASE READ AND SIGN

The undersigned, being a parent or legal guardian of the child requesting camp admittance, am familiar with the risks inherent in participation in the Lady Wildcat Basketball Camp. I hereby authorize the director of the Lady Wildcat Basketball Camp to act for me according to their best judgment in an emergency requiring medical attention in case neither the parent/guardian nor the emergency contact cannot be reached. I also hereby waive and release the camp, staff members, and USD 263 from any liability for any injuries while at camp.

Parent/Guardian Signature

Date

