

# BONNEVILLE HIGH SCHOOL BOYS BASKETBALL CAMP

**DATE: MAY 31-JUNE 2** **LOCATION: BONNEVILLE HIGH SCHOOL GYMNASIUMS**

GRADE LEVEL/TIMES (2017-18 GRADES):

4<sup>TH</sup>-6<sup>TH</sup> GRADE: 8:00 AM- 10:00 AM

7<sup>TH</sup>-9<sup>TH</sup> GRADE: 10:15 AM-12:15 PM

10<sup>TH</sup>-12<sup>TH</sup> GRADE: 12:30 PM-2:30 PM

**COST: PRE-REGISTER: \$40 Day of Camp: \$50**

**REGISTRATION AND PAYMENT- Make checks payable to 'Bonneville High School'**

Complete the bottom portion of this form and submit with payment to Bonneville High School

Option 1: Drop off at Bonneville High School Main Office (Attn: Coach Bullinger)

Option 2: Mail to Bonneville H.S (251 Laker Way, Washington Terrace UT 84405 Attn: Coach Bullinger)

Option 3: Turn in to your school's main office and have information delivered to Bonneville High School via PONY delivery system (school-to-school delivery)

PLAYER NAME \_\_\_\_\_ 2017/18 GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

SHIRT SIZE (circle) YOUTH: SM MED LG XL XXL  
ADULT: SM MED LG XL XXL

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

I hereby authorize the coaches and camp staff at the Bonneville High School Boys Basketball camp to act for me according to their best judgement in any emergency requiring medical attention. I know of no physical or mental condition which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or other charges in connection with his/her attendance at camp. I agree that my son/daughter must abide by the rules and regulations of this camp

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_