**Summer 2023 LCC Youth Basketball Camp**

**June 13th-14th**

**PreK-4th grade 10am-12pm**

**5th-8th grade 1-3pm**

$25 per player

**Child’s Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** \_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_\_/\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name (printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Secondary Phone Number:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email (required):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will be contacted by email – please make sure it is accurate and printed neatly.

**Participant must bring own water bottle!**

During the camp we will occasionally take/post pictures of what we’re doing at Lincoln Community Center (LCC) that *DO NOT* include the child’s name. Please select your preference below as to whether you want your child’s picture to be used in LCC social media posts.

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *MAY BE* \_\_\_\_ or *MAY NOT BE* \_\_\_\_\_ included in pictures posted on the LCC social media sites and website.

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

We the undersigned give permission for our child to participate in the above basketball camp for Lincoln Community Center. The cost of the basketball camp will be a onetime fee of $25. *All checks can be made out to Lincoln Community Center*. We do hereby waive all claims and rights of whatever nature which might arise against Lincoln Community Center, Lincoln Community Center’s Director, the staff, or their agents or servants as a result of any incident incurred by your child while on Lincoln Community Center property.

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*OFFICE USE ONLY -* Payment: Check\_\_\_ Cash \_\_\_ Credit Card \_\_\_\_ **Staff Initials \_\_\_\_\_**