**2019 HIGHLANDS LADY BLUEBIRDS**

**BASKETBALL CAMP**

May 16TH, 17TH, 20TH

ELEMENTARY SESSION

**CURRENT GRADES K-4TH**

**TIME:** 5:30-7:30 PM

**COST: $**60.00 OR $20.00/daily

LOCATION: **HIGHLANDS HIGH SCHOOL GYM**

STATIONS: Defense, Ball Handling, Shooting, & Rebounding

5-on-5 & 3-on-3 games Contests T-Shirts

COST: $60.00

If you can’t make it all 3 Days you can come for $20/daily

DIRECTOR: Jaime Richey 859-815-2652 or Jaime.Richey@fortthomas.kyschools.us

WORKERS: Current players & assistant coaches will be assisting!

SIGN UP ONLINE: www.highlandsathletics.com

**TO GUARANTEE A CAMP SHIRT & BASKETBALL PLEASE HAVE ORDER FORM BACK BY MAY 1st.**

**WE WILL ACCEPT WALK INS!**

Please detach and fill out bottom section and return with payment to Highlands High School, ATTN: Girls’ Basketball Camp/Jaime

Richey, 2400 Memorial Parkway, Ft. Thomas, KY 41075. **Make checks payable to Highlands High School.**

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2018-19

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DAYS ATTENDING (CIRCLE): THURSDAY FRIDAY MONDAY ALL DAYS**

I HAVE ALREADY FILLED OUT THE GOOGLE FORM ONLINE AND HAVE FILLED OUT THE INFORMATION BELOW ALREADY

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY/STATE/ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SHIRT SIZE (circle one): Youth S M L  
 Adult S M L XL

WAIVER 2019

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to attend the Highlands Athletic Camp.  I know of no physical impairment that will affect or be affected by the camp.  I acknowledge that at the camp my child will participate in a sport that may involve, among other things, physical contact with other persons or objects and may incur the risk of injury.  I specifically waive and release the Highlands Athletic Camp, its employees and staff from liability for any damage claims which my child may have from injuries she may sustain at the camp.

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