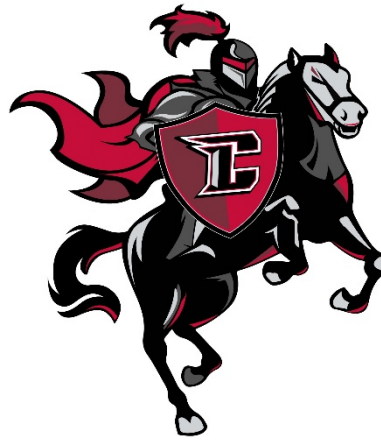


**Livonia Churchill  
Girls' Basketball  
2019 Summer Camp**



**June 17th-June 18<sup>th</sup> 5 P.M-7 P.M  
Kids 1<sup>st</sup> grade thru 9<sup>th</sup> grade (entering fall)  
Fee: \$60 (Includes a T-Shirt if registered by June 1st)**

**All players will get coaching from former college athletes (Michigan, Michigan State, and Madonna) along with current Varsity players. The emphasis of the camp will be on developing the fundamentals of basketball. Everything from ball handling, shooting, defense, passing, and rebounding will be taught.**

T-Shirt Size – Circle One (adult sizes): S M L XL Other \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Grade \_\_\_\_\_ Phone: H \_\_\_\_\_ Parent Cell # \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

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**REGISTRATION/LIABILITY  
Return form to: K'Len Morris, Churchill High School, 8900 Newburgh Rd., Livonia, 48150 or  
E-mail form to: Kmo2334@gmail.com Phone: 248-388-0256  
Cash or Check made payable to: Churchill High School**

Walk in Registrations Allowed (No camp T-shirt will be provided to walk-ins) I hereby and herein authorize the Director of the Churchill Basketball Camp, or any staff working on camps behalf, to act in my stead for the purpose of acquiring emergency medical attention for my daughter or ward. I impose upon the assumptions of this duty the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the camp in the event the same is performed pursuant to such standard. By my signature hereunder, I warrant that my daughter or ward is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in the basketball camp. I also represent that my daughter or ward is medically competent to participate in the activities at the camp.

Parent or Guardian Signature \_\_\_\_\_