

2018 CHURCHILL BASKETBALL CAMP



WHEN: JUNE 25, 26, 27 8:30am-11:30am

WHERE: LIVONIA CHURCHILL FIELDHOUSE

WHO: Open to anyone entering 3^d-9th grades

CHS Coaches: James McCulloh, Staff and Players

Contact for Questions: james.mcculloh@gmail.com (C) 248-724-8068

FEE: \$50 (\$55 after June 1st)

- **Camp includes group and individual instruction including: passing, shooting, cutting, rebounding, defense and teamwork**
1. **MEET** at Churchill Fieldhouse
 2. **APPAREL:** shorts, shirts, athletic shoes.
 3. **BRING:** towel and water bottle- optional—we will have Gatorade for sale for \$2 if needed

CHURCHILL BASKETBALL CAMP (Boys)

\$ 50 (After June 1 - \$55) Grade: _____ BIRTHDATE: _____

Last Name: _____ First Name: _____ Shirt Size _____

Address: _____ City _____ Zip _____

Parent Name(s): _____

Phone: H _____ Parent Cell # _____ Work # _____

E-MAIL: _____

REGISTRATION/LIABILITY

Return to: James McCulloh, Churchill High School, 8900 Newburgh Rd., Livonia, 48150

Phone: 248-724-8068 E-mail: james.mcculloh@gmail.com

Cash or Checks made payable to: Churchill High School

I hereby and herein authorize the Director of the Churchill Baseball Camp, or any staff working on camps behalf, to act in my stead for the purpose of acquiring emergency medical attention for my son or ward. I impose upon the assumptors 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 son 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 baseball camp. I also represent that my son or ward has received a physical within the last year and is medically competent to participate in the activities at the camp.

Signature of Parent or Guardian: _____