

LEWIS UNIVERSITY HOLIDAY HOOPS

LEWIS UNIVERSITY BASKETBALL CAMP

OPEN TO ALL GIRLS & BOYS GRADES 3rd-8th!

One University Parkway, Romeoville IL 60446 NEIL CAREY ARENA

Saturday, December 23rd, 2017 9:00 am - NOON

Drop your kids off at Lewis University for a great day of Fundamental Skills. Need to get some Christmas Shopping done? Now is **THE TIME!**

Camp will be instructed by Lewis University Women's Basketball Coaching Staff! Every camper gets a t-shirt & free admission to a Lewis Women's Hoops Game!

\$40

Mail in application, medical waiver, & a check made payable to Lewis University Women's Basketball
One University Parkway
Romeoville, IL 60446-2200

For questions contact:
Sam Quigley Smith
squigleysmith@lewisu.edu
815-836-5876
www.lewisflyers.com



Lewis University Basketball



KIDS CAMP APPLICATION

Name: _____ Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Email Address: _____ Age: _____ Shirt Size: _____

Parental Release & Medical Waiver Agreement

I hereby grant permission for _____ (participant) to attend and fully participate in the Lewis Basketball Camp and I hereby release the Lewis Basketball Camp, its agents and employees from any liability therein. I am aware of no condition which would prohibit the Participant from participating in any activities of the Camp therein. _____ (participant) has received a physical examination within the last twelve (12) months. In consideration for permission to use the Lewis facilities, I hereby agree to assume all risk of injury which may occur as a result of using such facilities. I further agree to release and hold Lewis, its officers, trustees, employees, and agents harmless from any & against any claims, damages, costs, or cause of action which the Participant may have or raise in the future as a result of injuries or damages sustained or incurred while using the Lewis facilities. By my signature affixed below, I acknowledge the risk involved and assume all responsibility for the safety and conduct of the Participant while using the Lewis facilities. I, the undersigned, acknowledge that I have read and understand the above agreement and agree to be bound by the terms of this agreement.

Printed Name of Parent/Guardian: _____
Medical Insurance Company: _____
Policy No: _____
Signature of Parent/Guardian: _____
Date: _____

