

LANE LORD'S BASKETBALL TEAM CAMP

JUNE 17-19, 2009

COACHES REGISTRATION FORM

PLEASE REGISTER BY MAY 25TH

Each team must be composed of a minimum of seven players. History has shown that teams with 8-10 players are most effective. Each player must return a signed copy of the Recognition & Assumption of Risk form and a copy of a 2008-2009 school physical. Please attach all player forms, physicals, and each players individual payment by check to the back of this sheet and feel free to make copies as necessary.

Coach's Name _____ Shirt Size _____

Email Address _____

Home Phone _____ Cell Phone _____

School Name _____

School Address _____

Name of Person Coaching the team at camp _____ Camp Coach T-shirt size _____

Email Address _____ Phone number _____

TEAM NAME _____ Varsity / J.V. (circle one)

Coaches: Upon receipt of this information sheet, physicals, and your deposit, you will be sent a camp confirmation with additional information.

Mail Completed Application Form to: Pittsburg State University, Lane Lord's Team Camp, 1701 S. Broadway, Pittsburg, KS 66762

Make Checks Payable to: Lane Lord's Team Camp

In order to provide the best competition necessary, we need to understand your school's size and classification.

State Classification _____ Previous Years record _____

At what level do you think your team would be most competitive Large School Varsity Large School JV
 Small School Varsity Small School JV

If you have any questions, contact: Amanda Davied addavied@pittstate.edu office phone 620-235-4814

Player Registration Form

TEAM NAME _____ Varsity / J.V. (circle one)

Camper's Name _____ Home Phone _____

Address _____

Grade (Fall of 2009) _____ HT _____ DOB _____ Adult T-Shirt Size S M L XL XXL

Parent or Guardian's Name _____ Business or Cell Phone _____

Circle one: Resident Camper or Commuter If resident your roommate preference _____

Only one roommate choice please!

Parental and Medical Information

I hereby authorize the staff of Lane Lord's Team Camp to act for me according to their best judgement in any emergency requiring medical attention and hereby waive and release Lane Lord's Team Camp, the Kansas Board of Regents, Pittsburg State University, and all employees and agents from all claims on account of any injury or illness sustained by my child while attending the above said camp.

Parent/Legal Guardian Signature

Date

Insurance Company: _____

Address: _____

Policy Holder Name: _____

Policy Number: _____

Please return completed form to your head coach w/ your check and physical!