



## Lexington Minutemen Boys Basketball Camp



**Dates:** Monday June 8, 2015 --- Wednesday, June 10, 2015

**Times: Two Sessions.....**

9:00 am – 11:00 am for grades 5<sup>th</sup> – 8<sup>th</sup>

12:00 pm – 2:00 pm for grades 1<sup>st</sup> – 4<sup>th</sup>

**Location:** Lexington High School gym

**Who:** Boys who just finished grades 1-8 in June 2015

**Cost:** \$30 per camper.

**Instructors:** Lexington coaching staff and returning members of the varsity and JV boys basketball teams.

**Important Notes for the week:**

1. All campers must wear tennis shoes, shorts and t-shirt. Drinks each day of camp
2. **To guarantee receiving a camp t-shirt, payment must be received by 6/2/15**
3. ANY MEDICAL PROBLEMS MUST be made known to the camp staff at registration on 6/9/14.
4. Please report to camp no more than 15mins before your sessions begins.

If you have any questions about camp, please contact Lexington Athletics Office at 419-884-2101 or call Coach Hamilton at 419-564-4811 or email at [hamilton.scott@lexington.k12.oh.us](mailto:hamilton.scott@lexington.k12.oh.us)

Note: Campers will receive fundamental instruction, camp t-shirt, participate in skill developing drills and compete for awards .

Please make check payable to Lexington Athletic Boosters-Boy Basketball and mail check & registration form (below) to:

**Lexington Athletics - Boys Basketball - 103 Clever Lane Lexington , Oh. 44904**

USE YOUR CANCELLED CHECK AS YOUR RECEIPT! Thank you!

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### REGISTRATION FORM

Athlete Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact:(name) \_\_\_\_\_ (phone) \_\_\_\_\_

Last grade completed (circle) 1 2 3 4 5 6 7 8

Shirt Size: (circle) YS YM YL AS AM AL AXL

Amount enclosed: Please be sure your \$30 payment accompanies this form – Thank you!



**Medical Release:** I hereby agree that the camper listed has been examined and found in good physical health. He is able to partake in the drills and competitive activity of the camp itself. I, as the parent or legal guardian, will be responsible for all medical charges of of my son during this camp session. I hereby waive and release the Minuteman Basketball Camp from any and all liabilities incurred while at the camp.

Parent/Guardian \_\_\_\_\_