RELEASE WAIVER AND AUTHORIZATION
FOR MEDICAL TREATMENT

I, ______________, HEREBY
AUTHORIZE THE STAFF OF THE
BASKETBALL CAMP AT THE “U”
TO ACT FOR ME ACCORDING TO
THEIR BEST JUDGEMENT IN ANY
EMERGENCY REQUIRING MEDICAL
ATTENTION. I HEREBY WAIVE AND
RELEASE LSU, LSU BOARD OF
SUPERVISORS AND THE CAMP FROM
ANY AND ALL LIABILITY FOR
INJURIES WHILE AT CAMP. I HAVE
NO KNOWLEDGE OF ANY PHYSICAL
IMPAIRMENT THAT WOULD BE
AFFECTED BY MY CHILD'S
PARTICI-PATION IN CAMP. I WILL
PROVIDE A COPY OF MY CHILD'S
MEDICAL INSURANCE CARD.

(CHILD'S NAME)

(PARENT/GUARDIAN SIGNATURE)
THE ABOVE NAME AND APPLICANT IS
PHYSICALLY QUALIFIED TO
PARTICIPATE IN THE BASKETBALL
CAMP AT THE “U”.

BASKETBALL CAMP
AT THE
“U”

FUN-DA-MENTAL
SKILLS CAMP
JUNE 4 - 7, 2018
1:00PM - 4:00PM
CAMP SESSION:
RISING 3rd - 9th GRADE
BASKETBALL FUNDAMENTAL
SKILLS CAMP
DATE: JUNE 4 - 7, 2018
COST: $135

ALL CAMPERS WILL RECEIVE
A CAMP T-SHIRT

INDIVIDUAL PRIZES WILL ALSO BE
AWARDED FOR COMPETITION WINNERS.

CAMP TIMES:
REGISTRATION: 12:00PM - 1:00PM
CAMP: 1:00PM - 4:00 PM

PLACE:
UNIVERSITY LAB SCHOOL
CUB GYMNASIUM
45 DALRYMPLE DRIVE
BATON ROUGE, LA 70803

MEALS:
BRING YOUR OWN SNACKS
CONCESSION STAND WILL BE AVAILABLE

PAYMENT METHOD:
PAY AT REGISTRATION OR
MAKE CHECK PAYABLE TO
BONITA JOHNSON
PLEASE MAIL PAYMENT TO
12629 EAST ROBIN HOOD DRIVE
BATON ROUGE, LA 70815

PLEASE NOTE THE CAMPERS’ NAME ON THE
MEMO LINE OF THE CHECK.

WHAT TO BRING:
T-SHIRT, SHORTS, GYM SHOES,
SOCKS, KNEE PADS,
& A GOOD ATTITUDE!

NAME: ______________________________
ADDRESS: ___________________________
EMAIL ADDRESS:_____________________
PARENT’S NAME: ____________________
EMERGENCY PHONE: __________________

PLEASE INCLUDE A COPY OF YOUR
CHILD’S MEDICAL INSURANCE CARD.
GRADE (FALL 2018): ________________

T-SHIRT SIZE
(CIRCLE ONE)

FOR OFFICE USE ONLY:
AMT REC ____________________
CHECK # ____________________
DATE REC ____________________

CONTACT INFORMATION
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