



VIKINGS BOYS BASKETBALL CAMP

Students entering 7th, 8th and 9th grade - \$60

June 25-28, 2018 MTWTh 1:00pm-5:00pm

You may drop off registration/payment to Coach Fogg at LVHS or mail completed form with check to:
 LVISD * Viking Basketball Camp * PO Box 4929 * Lago Vista TX 78645
 Please make checks out to LVISD

| | | | |
|----------------------------------------------------------|-----------------------|---|--------|
| Player Last Name, First Name | | | |
| Address | | | |
| Parent's name | | | |
| Parent's phone (cell/home) | | | |
| Shirt Size Circle one (adult sizes) S M L XL | Grade Level Entering: | 7 | 8 9 |

Release

We, the parents/guardians of _____ do hereby grant permission for his/her participation in Viking Camps and acknowledge he/she is physically able to participate in camp activities. We understand that Viking Camps do not provide medical insurance covering injuries of any nature during camp. The undersigned hereby releases LV Viking Camps and Lago Vista ISD from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from the participation in any of the summer 2018 Viking Camps.

Parent/Guardian name (print) _____

Signature _____ Date _____

COMPLETE, SIGN AND TURN IN TO YOUR CAMPUS' FRONT OFFICE WITH PAYMENT