

2009 DCCHS 2010 BASKETBALL TEAM CAMP

(TWO SESSIONS)

DATE: JULY 6-9 (MONDAY - THURSDAY)

ELIGIBILITY: 7th Grade - SENIORS ('09-'10 SCHOOL YEAR)
MUST BE ENROLLED @ DCCHS, DCMS or SHCS

TIMES: 7th - 8th Grade: 1:00 -3:00 PM
FRESHMEN - SENIORS 3:15 - 5:45 PM

COST: \$30

LOCATION: DCCHS FIELD HOUSE

(Cut along line and return or bring the first day of camp)

NAME: _____
ADDRESS _____

GRADE ('09 - '10) _____ **HEIGHT** _____
WEIGHT _____

PHONE #: _____ **SHIRT SIZE:** S M L XL
XXL

Please note any medical conditions we should be made aware of:

In the event of your health and safety, we require the name of your insurance company and policy number.

Insurance Company: _____ **Policy Number:** _____

I hereby release DCCHS and the camp staff from any responsibility in case of accident or injury.

Blvd

(Parent/Guardian Signature)

Date

RETURN TO:

Dennis Hamilton
DCCHS - 2201 Ross

Dodge City, KS 67801

Make checks payable to: DCCHS Basketball