

2019 LYNX BASKETBALL CAMPS

CAMPS WILL BE HELD AT:

**ABRAHAM LINCOLN HIGH SCHOOL
1205 BONHAM AVENUE
COUNCIL BLUFFS, IA**

CAMP DATES & TIMES

JUNE 10-13	9-12PM	\$60.00
JULY 15-17	9-3:30PM	\$90.00

LYNX CAMPS WILL BE HOSTED BY THE ABRAHAM LINCOLN BOYS BASKETBALL STAFF AS WELL AS CURRENT AND FORMER PLAYERS. THE PURPOSE OF OUR CAMPS IS TO GIVE BOYS GOING INTO GRADES 3-8 AN OPPORTUNITY TO IMPROVE THEIR SKILLS WHILE GETTING INDIVIDUAL INSTRUCTION AT EACH CAMP. JULY 15-17 WE PROVIDE LUNCHES FOR \$5 EACH DAY. EACH PLAYER WILL RECEIVE A SKILL EVALUATION, CAMP T-SHIRT AND LYNX GEAR, HANDOUTS, AND AUTOGRAPHS FROM GUEST SPEAKERS.

CAMP REGISTRATION

NAME _____ SHIRT SIZE: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME AND/OR CELL PHONE _____ EMAIL _____

GRADE (FALL 2018) _____ SCHOOL ATTENDING _____

CAMPS ATTENDING (Mark "X" for Camps & \$ amount for Meals/Bank)

JUNE 10-13 _____	JULY 15-17 _____	JULY 15-17 MEALS _____	(\$15 for 3 days - pizza/hot dogs)
9AM-12PM \$60.00	9-3:30PM \$90.00	JULY 15-17 BANK _____	(\$ added at parent's choice for snacks/ drinks on breaks)

TOTAL PAYMENT: _____

IN CASE OF EMERGENCY

PARENT/GUARDIAN: _____

HOME PHONE _____ OTHER PHONE _____

OTHER EMERGENCY CONTACT/RELATIONSHIP _____ PHONE _____

MAIL CAMP REGISTRATION FORM WITH PAYMENT TO:
JASON ISAACSON, 1205 BONHAM AVE, COUNCIL BLUFFS, IA 51503

PHONE: (402) 250-9522, EMAIL: jisaacson@cbscd.org

MAKE CHECKS PAYABLE TO: LYNX BASKETBALL

I HEREBY CERTIFY THAT THE LYNX CAMP STAFF ATHLETIC TRAINER HAS FULL AND UNCONDITIONAL AUTHORITY TO PROCEED WITH DIAGNOSIS AND TREATMENT AS JUDGEMENT INDICATES FOR INJURIES DURING THE CAMP. THE LYNX CAMP SHALL NOT BE HELD RESPONSIBLE FOR ANY CONSEQUENCE RESULTING FROM SUCH INJURIES.

_____ DATE _____

PARENT/GUARDIAN SIGNATURE