

Registration Form

Camper's Name _____
Address _____
City/State _____
Zip _____ Phone _____
Parent/Guardian _____
Email _____
School _____ Birth Date _____

Please check each camp for registration & include payment:

Basketball Camps for Boys & Girls Ages 6-15 (9 AM-4 PM*):

_____ June 11-15 Individual Basketball Camp: \$245

_____ June 18-22 Individual Basketball Camp: \$245

_____ July 16-20 Individual Basketball Camp: \$245

*Before and After Care offered to extend camp from 8-5 daily.

_____ **Total Payment Enclosed**

(\$50 non-refundable deposit per camp and/or total payment required)

Make checks payable to: Mike DeGeorge

Parent's Statement: My child has permission to attend the Rhodes College Camps checked. I certify that within the past two years he/she has had a physical examination and is physically able to participate in camp activities without restrictions. In the event of illness or injury, I give my consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment and order injections, anesthesia or surgery. I will be responsible for any medical or other charges in connection with my child's attendance at these camps.

Signature _____

Insurance Carrier _____

Policy # _____

Each participant is responsible for his or her own Health and Accident Insurance. Rhodes College Camps are NOT responsible for any medical or dental charges.



Basketball Camps:

June 11-15

June 18-22

July 16-20

For Boys ages 6-15

For more Information & Online Registration:

www.LynxCamps.com

Mail Camp Registrations to:

Mike DeGeorge

2000 North Parkway

Memphis, TN 38112