

Defiance Boys Basketball Camp

Tuesday, June 20 - Friday, June 23

Session 1: Grades 3-5, 9-10:30am

Session 2: Grades 6-8, 11:30-1pm

***Grade entering 23-24 school year**

- **Camp Location:** Defiance High School Gym
- **Instruction:** Skill work, drills and fundamentals used by our program
- **Features:** Contests, 3 on 3 Games, 5 on 5 Games
- **Camp Staff:** DHS Coaches and Players
- **Bring** your own water bottle
- **Every** camper will receive a Defiance Basketball t-shirt

\$30

Cash or Checks payable to:
Defiance Athletic Department

Camper's Name: _____

Grade: _____ (23-24 school year)

Contact Name: _____

Phone: _____

Contact Name 2: _____

Phone 2: _____

Camper Shirt Size (Circle one)

Adult: S M L XL

Youth: S M L

I hereby authorize the program director and camp staff to act on my behalf in any situations requiring immediate medical attention. I also certify that the above participant is covered by a comprehensive medical insurance plan or is self-insured. I hereby release the camp staff, director and Defiance City Schools of any liability for any illness or injury incurred by the above named participant while at camp or while in transit to or from camp.

Parent or Guardian Signature: _____

Return this form to:

Defiance Athletic Department
Attn: Bryn Lehman
1755 Palmer Drive
Defiance, OH 43512

OR

Register Day 1
Walk ups welcome!

