



## LITTLE VIKES BOYS BASKETBALL CLINIC

**FORMS MUST BE TURNED IN BY: November 11th**

**GRADES: 3rd, 4th, 5th and 6th Grade Boys**

**DATES: November: 13th and 20th**

**December: 4th, 11th, and 18th**

**TIME: 10:00-12:00 AM**

**LOCATION: GRAYLING HIGH SCHOOL GYM**

**COST: \$20 [Make checks payable to "Grayling Boys Basketball"]**

**CAMP DIRECTOR: L.J. Mead- Head Varsity Boys Basketball Coach**

**EACH PLAYER WILL RECEIVE THE FOLLOWING: 1. Grayling Jersey  
2. Instruction & Games 3. Play at half-time of a Grayling JV Game 4. Games vs area schools (3rd/4th, 5th and 6th grade)**

\*If you need financial assistance, please contact Coach Mead @ [ljmead@casdk12.net](mailto:ljmead@casdk12.net)

*Please complete and return the enclosed form to the Grayling Elementary or the Grayling Middle School Office. If you have any questions, please contact Coach Mead @ [ljmead@casdk12.net](mailto:ljmead@casdk12.net)*

### Little Vikes Boys Basketball

**\*\*NOTE: Please return this form to Grayling Elementary or GMS Offices or send the form to:  
Coach Mead Grayling High School, 1135 N. Old 27, Grayling, MI 49738\*\***

**NAME: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_**

**HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_**

**NAME OF PARENTS/GUARDIANS: \_\_\_\_\_**

**SHIRT SIZE (Circle One): Youth Medium Youth Large Adult Small**

**Adult Medium Adult Large Adult XL**

**E-MAIL ADDRESS: \_\_\_\_\_**

*The undersigned agrees to hold harmless, indemnify, & pay any attorney fees of the employees/volunteers of the Grayling Basketball Camp, CASD, Employees of CASD, & the state of Michigan, its servants, agents, & employees from any claims or demands that I may have of whatever kind and nature arising out of activities at or use of the premises controlled by the above-mentioned. In the event of an emergency, I give permission for my son/daughter to be placed under the care of a qualified doctor or nurse.*

**SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_**

**IN AN EMERGENCY, PLEASE CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_**

**PLEASE LIST ANY SPECIAL MEDICAL INFORMATION [ALLERGIES, KNOWN DRUG REACTION, PRESCRIBED MEDICATION, ETC.] \_\_\_\_\_**

*If you would be interested in coaching your child's travel team please let us know.*

**Name: \_\_\_\_\_ Phone #: \_\_\_\_\_**

