



LITTLE VIKES BOYS BASKETBALL CLINIC

FORMS MUST BE TURNED IN BY: November 11th

GRADES: Kindergarten, 1st and 2nd Grade Boys

DATES: November: 13th and 20th

December: 4th, 11th, and 18th

TIME: 8:30-10:00 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

*If you need financial assistance, please contact Coach Mead @ ljmead@casdk12.net

Please complete and return the enclosed form to the Grayling Elementary Office. If you have any questions, please contact Coach Mead @ ljmead@casdk12.net

Little Vikes Boys Basketball

****NOTE:** Please return this form to Grayling Elementary Office 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.] _____

