



**2018**  
**LIVONIA FRANKLIN**  
**GIRLS BASKETBALL CAMP**



**June 25-27**

**9 am - noon**

**Girls 4th grade thru 9<sup>th</sup> grade (entering fall)**

**Franklin High School Field House**

**Fee: \$55 (Includes a T-Shirt if registered by June 8th)**

Players will receive instruction from the Franklin staff as well as Varsity players. The camp will stress the fundamentals of the game including shooting, passing, ball handling, rebounding, and footwork. Every camper should expect to work hard and have fun!

Player Name (first and last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ T-Shirt Size (circle one): S M L XL

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Return form to: John Santi, Franklin High School, 31000 Joy Rd, Livonia, 48150 or

E-mail form to: [jsanti@livoniapublicschools.org](mailto:jsanti@livoniapublicschools.org)

Phone: 734-718-8413

Cash or Check made payable to: *Franklin High School*

Walk in Registrations Allowed (No camp T-shirt will be provided to walk-ins) I hereby and herein authorize the Director of the Franklin Basketball Camp, or any staff working on camps behalf, to act in my stead for the purpose of acquiring emergency medical attention for my daughter or ward. I impose upon the assumptions of this duty the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the camp in the event the same is performed pursuant to such standard. By my signature hereunder, I warrant that my daughter or ward is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, \and is capable of full and active participation in the basketball camp. I also represent that my daughter or ward is medically competent to participate in the activities at the camp.

Parent/Guardian Signature: \_\_\_\_\_