



ON THE LSUE CAMPUS
 Health and Physical Education Building
JUNE 23-26: GIRLS AGES 5-14

Individual Camp 9:00-1:00 pm
 Cost \$55 (includes camp T-shirt)

JULY 21-24: TEAM CAMP

High School Team Camp: Time TBA • 8 games
 Cost \$350 PER TEAM
 Pre-Registration Date June 1st, 2008

Directed by LSUE Basketball Staff
Call (337)-550-1394 for Camp Information

Application and Medical Information Form (Please Print)

Name _____

Address _____

City/State/Zip _____

Phone _____

Birthdate _____ Age _____

Grade entering Fall 2008 _____

T-Shirt size: Adult S M L XL
 (Circle One) Youth S M L XL

Indicate the camp you plan to attend:

___ Individual Camp (June 23-26)

___ Team Camp (July 21-24)

School _____

Coach _____

Medical/Insurance Information

This form must be completed, signed, and filed before any treatment can be provided. The information on this form is completely confidential and will not be released without authorization from the camper's parent or guardian.

Health Insurance Provider _____

Policy Number _____

Personal Physician _____

Physician's Address _____

City/State/Zip _____

Two Names and Phone Numbers of persons to be notified in the event of injury or illness:

Signature of Parent or Guardian:

_____ Date _____

Enclosed: _____ (Individual Camp)

_____ (Team Camp)

Refunds only in case of illness or injury prior to camp. \$25 processing fee for refunds. A doctor's statement will be required for refunds. \$10 late fee for not pre-registering.

Return application, medical form, and payment to:

Coach Michael Bari
LSUE Women's Basketball Office
PO BOX 1129;
Eunice, LA 70535