



**June 25<sup>th</sup> - 27<sup>th</sup>**

**ELEMENTARY CAMP:**

(Boys and Girls) Grades 1<sup>st</sup> -5<sup>th</sup> 8:00am - 9:15am

**MIDDLE SCHOOL CAMP**

(Boys and Girls) Grades 6<sup>th</sup> -8<sup>th</sup> 10:00am – 11:30am

Basketball camps will be held at Parsons High School.

All campers will receive a t-shirt. Elementary Campers will also receive a ball.

Camps will focus on developing fundamental skills of shooting, passing, dribbling, and defense.

*Campers may sign up early at the Parsons Rec Center or also sign up on the first day of camp at PHS.*

*Registration form on back.....*



## Parsons Vikings Camp Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone/Cell \_\_\_\_\_

Grade (fall 2019) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Shirt Size: Youth: S            M            L

Adult: S            M            L            XL            XXL

***Return application with check/money payable to:***

***Parsons Rec Center (PRC)***

200 Heacock Ave.

Parsons, Kansas 67357

**\$25**

*Authorization for Participation and Liability Release*

I hereby grant permission for my child: \_\_\_\_\_, to participate in the Parsons Vikings Basketball Camp. My child has not suffered any illness in the past that would make participation in the camp a risk. I further agree to release from any liability, the Viking basketball staff and USD 503, Parsons High School, Parsons Rec Center, for any injury or illness suffered by my child while attending or traveling to or from this camp. I do understand that some of the physical activities could result in accidental injury and therefore authorize the staff of the Viking Basketball Camps to act for me in case of any medical emergency to my child while attending this camp.

Parent/Gaurdian Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you have any further questions feel free to contact: Anthony Houk – 778-3637 or Pat Schibi – 423-9116 .**