

## 2017 Black & Gold Summer Basketball Camp

	CAMP 1 (JULY 10-14)	CAMP 2 (JULY 24-28)
<b>DATE/TIME</b>	Session 1 9:00-11:00 Session 2 12:00-2:00	Session 3 9:00-11:00 Session 4 12:00-2:00
<b>GRADES (2017-18)</b>	3-9	3-8
<b>COST</b>	\$100 per session \$185 both sessions ●Please add a late fee of \$10 if registering after June 9th	\$100 per session \$185 both sessions ●Please add a late fee of \$10 if registering after June 9th
<b>ALL CAMPS WILL BE HELD AT LAFAYETTE HIGH SCHOOL</b>		

\*Camps will be directed by Lafayette Head Basketball Coach Matt Landwehr and members of the LHS staff

\*\*For more information about camps or Lafayette Lancers basketball please visit [www.lafayettehoops.com](http://www.lafayettehoops.com)

\*\*\*For boys attending both sessions daily we will have lunch available for your son to buy at camp

Registration: Please complete the registration form below and return it with payment. **Please make checks payable to: SJM Resources, LLC** and mail to:

Matt Landwehr  
18136 Bent Ridge Drive  
Wildwood, MO 63038

Any questions, please contact Head Coach Matt Landwehr at [landwehrmatthew@rsdmo.org](mailto:landwehrmatthew@rsdmo.org)

Camp is not sponsored by the Rockwood School District.

Please detach along line. Keep top portion for your records and return bottom portion.

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Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Grade (2017-18) \_\_\_\_\_ Last School Attended \_\_\_\_\_

E-Mail \_\_\_\_\_

T-Shirt Size – Please Circle (**Adult Sizes**) ( S - M - L - XL - XXL )

*Please Check Each Session Attending:*

Session 1 (7/10-14 AM) \_\_\_\_\_ Session 2 (7/10-14 PM) \_\_\_\_\_ Both Sessions \_\_\_\_\_

Session 3 (7/24-28 AM) \_\_\_\_\_ Session 4 (7/24-28 PM) \_\_\_\_\_ Both Sessions \_\_\_\_\_

<b>Total \$ Enclosed</b>	
<b>Cash</b>	
<b>Check #</b>	

**Release and Indemnity agreement and medical authorization:**

I/We being the parents and/or Legal Guardian of \_\_\_\_\_  
authorize SJM Resources LLC and its employees and agents permission to request emergency medical treatment or care as necessary to insure the well-being of our/my son. Further, I claim that our/my son is found fit for all physical endeavors and has had a valid physical in the past year as well as being covered by valid medical insurance. I have also read the MSHSAA materials on concussions, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion. I hereby release SJM Resources LLC and all its employees and agents from all claims on account of any injuries which may be sustained by our/my son while participating in the Basketball Camp and any future claims hereafter presented by our/my son as a result of any such injuries.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_