

**2017 GCMS SUMMER BASKETBALL CAMP**

**GRADES: 1<sup>ST</sup> THROUGH 4<sup>TH</sup>**

**LOCATION: GCMS MIDDLE SCHOOL**

**WHEN: JUNE 5<sup>TH</sup> THROUGH 9<sup>TH</sup> FROM 8:30 TO 10:00**

**CAMP ORGANIZED BY THE GCMS BASKETBALL COACHING STAFF.  
ANY QUESTIONS PLEASE CONTACT MIKE ALLEN.**

**PHONE NUMBER: (217 )784-4292**

**E-MAIL ADDRESS: allen.mike@gcmsk12.org**

**CAMP GOALS:**

- PROVIDE FUN ENVIRONMENT CONDUCIVE TO LEARNING**
- DEVELOP AND IMPROVE INDIVIDUAL SKILLS**
- ENHANCE ENTHUSIASM AND CONFIDENCE IN EACH INDIVIDUAL**
- EMPHASIS ON PLAYING HARD, SPORTSMANSHIP, AND HAVING FUN**

**PAYMENT: 35.00 CHECKS PAYABLE TO GCMS AND SENT TO HIGH SCHOOL (815 N CHURCH)**

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**REGISTRATION**

**NAME \_\_\_\_\_**

**EMERGENCY CONTACT NAME AND NUMBER: \_\_\_\_\_**

**GRADE \_\_\_\_\_**

**SHIRT SIZE: YOUTH SIZES**

**S M L XL**

**INSURANCE WAIVER:**

**YOU WILL NEED TO PROVIDE PROOF OF MEDICAL INSURANCE OR SIGN A RELEASE WAIVER TO ATTEND CAMP. PLEASE BRING A PHOTO COPY OF YOUR INSURANCE CARD OF A LETTER FROM INSURANCE CARRIER.**

**I DESIRE TO ENROLL IN THE 2017 GCMS BASKETBALL CAMP TO BE HELD AT GCMS MIDDLE SCHOOL. I UNDERSTAND THAT NEITHER COMMUNITY UNIT DISTRICT #5 OR THE DIRECTORS WILL ASSUME RESPONSIBILITY FOR ACCIDENTS SUSTAINED AT THE CAMP OR AS A RESULT OF TRAVEL TO AND FROM THE CAMP.**

**PARENTS SIGNATURE \_\_\_\_\_**