

2022
KELVIN GROVE
BOYS BASKETBALL CLINIC



Dates: June 20th – June 23rd and/or June 27th– June 30th

Who: Students going into 4th-8th

Times: 12:00 pm –2:30 pm

Location: Kelvin Grove New Gym

Cost: \$35.00 for 1 week or \$65.00 for both weeks

T-Shirt Included (If received before May 27th) Sizes include:

Youth: Small Medium Large

Adult: Small Medium Large Extra Large

Make Check Payable to Michael Lindstrom-Please bring money back to school and give it to their homeroom teacher or bring it the day of the camp.

****All money collected will go towards the cost of the camp including t-shirts, equipment, and instruction****

Instructors: Coach Artis Welch and Coach Michael Lindstrom

Instruction: Week 1- Skills Camp (Fundamentals, Shooting, Dribbling, Passing)

Week 2- Team Camp (Teamwork Drills, Games along with Fundamentals)

*****This activity is sponsored independent of District #91. All fees collected, programming and purchasing will be handled by the activity sponsor/director. All checks must be made out to the director/sponsor, not District #91.**

2022
KG BOYS BASKETBALL CAMP
PERMISSION SLIP



Players Name _____

Parent(s) Name _____

Emergency contact Numbers _____

The above-named camper is a student who wishes to participate in the Summer Basketball Camp, or is a non-D91 resident and has been approved to attend by Michael Lindstrom. By signing this form, I/we do hereby grant permission for participation. I/we understand that basketball is a sport in which the risk of injury is high. I/we, the parent/s of the above camper, also understand, that by signing this release/permission form, release the coaches, assistant coaches, volunteers, staff of Lockport School District 91 and the Board of Education from any claim of negligence by ourselves, our son/daughter, our heirs, executors and assigns, from liability arising from claims for damages for injury to our son/daughter and any claims for loss of or damage to his/her property which may arise out of his/her participation in the Summer Basketball Camp

Parents Signature _____ Date _____

Please check what camp you will be attending:

____ June 20th – June 23rd for \$35.00

____ June 27th – June 30th for \$35.00

____ BOTH WEEKS for \$65.00

Please circle Cash or Check with number and put amount on line

Cash Check # _____ /Amount _____ (To: Michael Lindstrom)

Please Select T-Shirt Size (before May 27th)

Youth:	S	M	L	XL	
Adult:	S	M	L	XL	XXL

Athletes may register at any time up to the start date of camp but, athletes must turn form in before May 27th to receive a T-Shirt.