



Gale Force Boys Basketball Camp

Monday June 2 2025 –Wednesday June 4, 2025

Entering Grades 9-12 2:00 p.m. – 5:00 p.m.

COST = \$30.00

Make CHECKS PAYABLE TO Lancaster Hoops Club

Campers Receive: T-Shirt,

Location: LHS GYM

RETURN TO: Kent Riggs
Lancaster HIGH SCHOOL
1312 Granville Pike
Lancaster, OH 43130
Questions- email k_riggs@lcsschools.net

NAME _____ GRADE ENTERING _____ AGE _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

EMAIL ADDRESS _____

PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY (OTHER THAN PARENT ABOVE):

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

ANY KNOWN MEDICAL CONCERNS/PROBLEMS: _____

FAMILY DOCTOR: _____ PHONE: _____

SHIRT SIZE (CHILDREN SIZES) XS S M L (ADULT SIZES): S M L XL XXL (CIRCLE YOUR CHOICE)

I give my consent and approval to the participation of my son in the Gale Force Basketball Camp. I certify that he is physically fit to take part in all the camp activities. I give my consent for medical treatment in the event of injury or illness. This camp is not sponsored by Lancaster City Schools. I will not hold the camp authorities responsible for accidents, medical or dental, incurred during the course of instruction given by the camp staff.

(PARENT OR GUARDIAN SIGNATURE) (Print) _____ (DATE)

(ATHLETE'S SIGNATURE) (Print) _____ (DATE)



Gale Force Boys Basketball Camp

Monday June 23, 2025 -Thursday June 26, 2025

Entering Grades 2nd 3rd 4th 9:00-a.m.-11:00 a.m.

Entering Grades 5th 6th 7th 8th 12:00 p.m. – 2:00 p.m.

COST = \$60.00

Make CHECKS PAYABLE TO Lancaster Hoops Club

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Location: LHS GYM

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Lancaster, OH 43130
Questions- email k_riggs@lcsschools.net

NAME _____ GRADE ENTERING _____ AGE _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

EMAIL ADDRESS _____

PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY (OTHER THAN PARENT ABOVE):

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

ANY KNOWN MEDICAL CONCERNS/PROBLEMS: _____

FAMILY DOCTOR: _____ PHONE: _____

SHIRT SIZE (CHILDREN SIZES) XS S M L (ADULT SIZES): S M L XL XXL (CIRCLE YOUR CHOICE)

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(PARENT OR GUARDIAN SIGNATURE) (Print) (DATE)

(ATHLETE'S SIGNATURE) (Print) (DATE)