



# LUTHERAN HIGH SCHOOL 2 DAY TROJAN YOUTH BASKETBALL CAMP



**CONTACT:**  
**COACH RONNIE WILLS**  
951-536-4277 or  
lhsbasketball@lhslv.org



**BOYS AND GIRLS  
AGES 8-14  
\$50 PER CAMPER**

**DATES: THURSDAY JUNE 27TH AND FRIDAY JUNE 28TH 9AM-3PM**  
**WHERE: LUTHERAN HIGH SCHOOL, 3960 FRUIT ST., LA VERNE CA 91750**

Detach and return with payment: \$50 PER CAMPER

Camper Name: \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Parent cell number: ( ) \_\_\_\_\_ Work number: ( ) \_\_\_\_\_

Parent email address: \_\_\_\_\_

I, the undersigned being the parent or legal guardian of above named camper, do hereby consent to emergency medical treatment, or other medical treatment as may be necessary for the welfare of the above named camper by a physician, nurse, and/or hospital, in the event of injury or illness during all periods of time the camper is participating in the Trojan Basketball Camp, and hereby waive on behalf of myself and the above named camper any liability or claim against Ronnie Wills, and Lutheran High School. I know of no medical condition that the above name camper that would preclude him/her from participating in the camp. I hereby give my consent for the above name camper to participate in the Trojan Basketball Camp. In case of emergency, I authorize Ronnie Wills, and staff to act on my behalf in the event that I cannot be reached should an emergency occur.

Signature of Parent/Legal Guardian: \_\_\_\_\_



Registration: Please make check payable to:  
**LHS ATHLETICS**

**Mailing Address:**  
LUTHERAN HIGH SCHOOL  
3960 FRUIT AVE  
La Verne, Ca 91750  
C/O Wayne Lovett

For Contact Information: Contact Coach Ronnie Wills at  
951.536.4277 email: lhsbasketball@lhslv.org or  
lhs@lhslv.org