



River Valley Basketball

2023 Lady Viking Basketball Camp



Date: **Camp 1: Tue. June 20 – Thur. June 22** Place: River Valley High School
 Times: Girls entering grades 1 - 4 from 10:45 am – 11:45 am
 Girls entering grades 5 - 8 from 9:00 am – 10:30 am

Camp 2: Tue. July 18 – Thur. July 20 Place: River Valley High School
 Times: Girls entering grades 1 – 4 from 10:45 am – 11:45 am
 Girls entering grades 5 – 8 from 9:00 am – 10:30 am

Cost: Camp 1 = \$35.00 Camp 2 = \$35.00 Both Camp 1 & Camp 2 = \$60.00

Payment Options: Venmo: @rvabc Checks (made out to RV Athletic Booster Club) or Cash

Registration can be sent to the following address or brought with camper to the first day of camp:

Tim Chiles
 2024 Caledonia Ashley Rd, Cardington, Oh 43315

Girls attending camp will receive a t-shirt (sizes based will be based on sizes available) and instruction on basketball skills provided by the River Valley Lady Vikings Basketball staff. Please fill out the registration form and return the form and money (checks made out to RV Athletic Booster Club) to Coach Chiles at the address above or bring form to the 1st day of camp. If you have any questions feel free to contact Coach Chiles.

Contact Information : Email tchiles@rvk12.org Phone : 740-225-9727

(Please cut off the bottom and send registration to the address above or bring to camp. Keep the top for your records.)

Name: _____ School: _____

Address: _____ City: _____

Zip Code: _____ Cell Phone: _____

2023 – 2024 Grade: _____ Camp Registration: Camp 1 Camp 2 Both

T-Shirt Size: Youth: S M L Adult: S M L XL XXL

Paid by (circle which payment option you are using): Venmo Check Cash

_____ (Students Name) has my permission to participate in the Lady Vikings Basketball Camp under the direction of the River Valley girls' basketball coaching staff. My daughter is covered by _____ (name of Insurance Company) should an accident occur. I give permission for my daughter to receive emergency treatment by the appropriate coaches and/or athletic trainers as may be necessary to insure the welfare of my daughter. This includes transportation and medical care, if necessary, by professional medical personnel. I expect every effort to contact me in order to receive authorization before any treatment or transportation to an emergency room occurs. I agree with any and all liability in case of an accident or injury.

 Signature of Parent or Guardian

 Date