

**Village of Homer Recreation  
2015**

**Lady Stars Basketball Camp**  
Registration - Please Print

Player's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Must check one

<input type="checkbox"/> K-2 \$40.00    July 6th-9th @ Elementary Sch	<input type="checkbox"/> 7-12 \$100 (Full day)    July 13th-16th @ JH
<input type="checkbox"/> 3-6 \$65.00    July 6th-9th @ Elementary Sch	<input type="checkbox"/> 7-12 \$75.00 (½ day)    July 13th-16th @JH

**Circle One:    Register by June 1st to guarantee a jersey**

**Jersey Sizes: Youth   S   M       L   XL   or   Adult   S   M   L   XL**

I hereby certify that it is with my full knowledge and consent that the above applicant may take part in the Homer Recreation Girls Basketball program. I will not hold the Homer Recreation Department or its representatives responsible for any injury my child (ward) may sustain while engaged in this program.

I hereby give my consent for emergency medical care by a licensed doctor of medical or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent

\_\_\_\_\_  
Parent/Guardian (SIGNATURE)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (PRINTED)

***Make checks payable to:    Village of Homer***  
**53 South Main Street, Homer, NY 13077**