**SEWARD COUNTY COMMUNITY COLLEGE**

**Lady Saints Basketball**

**Junior High Team Camp**

**JUNE 17-19, 2019**

Commuter camp: Housing and meals not included

**$400/Team**

**8 Game Guarantee – Play 3 Games on 17th and 18th**

**Play 1 games on 19th and a 2 min OT tourn.**

Team camp T-shirts will be provided

**REGISTRATION**

Coaches: Send player release forms and $400 fee\* to Austin Mefford,

Seward County Community College, PO Box 1137, Liberal, KS 67905-1137.

**Make checks payable to Austin Mefford Basketball Camps**

**INFORMATION**

Seward County Community College Athletic Department

(620) 417-1559 or 1-800-373-9951, ext. 1559

**SEWARD COUNTY COMMUNITY COLLEGE TEAM CAMP**

*Detach and return with camp fee and signed release form to Austin Mefford, Seward County Community College, PO Box 1137, Liberal, KS 67905-1137. Please make additional copies of form as needed.*

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEIGHT\_\_\_\_\_\_\_\_ POSITION\_\_\_\_\_\_\_\_\_\_\_CLASS DURING 2019-20 SCHOOL YEAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-SHIRT SIZE (CIRCLE ONE) ADULT S M L XL

Junior High you will attend during the 19-20 school year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that Seward County Community College and Coach Austin Mefford and staff are not responsible for any injuries incurred while participating in the Seward County Community College summer team camp. I am totally responsible for any cost if injured. No insurance is provided for team camp participants.

Player’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_