



Turn completed forms in to the office at
Georgetown Elementary or Georgetown
High School offices.



2023 Lady G-Men Youth Basketball Camp

June 5th, 6th, 7th, and 8th

9:00am to Noon

Georgetown High School Gym

*Open to girls
entering 3rd - 8th grades*



Campers will learn many different skills and drills used to better themselves as teammates and basketball players throughout the week.

Campers will learn to work together on a team in 5 on 5 games, as well as honing their individual skills in games and stations.

Campers will receive a T-shirt on the completion of camp.

There will be prizes given to the leaders of the individual camp challenges on the last day of camp.

Campers will receive expert instruction from the coaching staff of Georgetown.



More questions?

Contact Coach Wells at matt.wells@gtown.k12.oh.us

COST OF CAMP

Camp fees will be \$60 per camper.

Please enroll by May 19th to guarantee correct T-shirt size.

Checks payable to Georgetown Athletic Boosters.

Student Name _____

Parent/Guardian Name _____

Incoming Grade Level _____

Phone # _____

Email _____

Emergency Contact Phone # _____

Significant Health Problems _____

Allergies _____

Please Circle T-shirt Size

Youth	S	M	L	XL	
Adult	XS	S	M	L	XL
	2XL		Other	_____	

Wavier of Claims

I, as a parent or guardian, hereby give my permission for _____ to attend the "Georgetown Girls Basketball Camp" and acknowledge the fact that he/she is physically able to participate in all camp activities. I hereby authorize Camp Staff to act according to their best judgement in any emergency requiring medical attention and I waive and release Camp Staff and Georgetown Exempted Village Schools from any and all liability for injuries or illness incurred while he/she is at camp. I hereby state that the camp is not responsible for the recurrence of any pre-existing injury or illness. I indemnify and hold harmless the Camp Staff from any claims for personal injury or illness he/she may sustain during camp. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to illness or injury. I hereby waive any claim I might have against the Camp Staff or Georgetown Exempted Village Schools and/or individuals of the Camp Staff or Georgetown Exempted Village Schools.

Parent /Guardian Signature _____ Date _____

Camper Signature _____ Date _____