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**Civic Memorial Eagles Basketball Camp 2017**

Join Coach Laux, his camp staff, and the Eagle Basketball Players for the CM basketball summer camp. The camp is designed to teach the fundamentals of basketball, both offensively and defensively, to help each player reach his potential. Each day of camp will stress a different fundamental, such as ball handling, shooting, passing, and defense. The camp promises to be instructional, motivational, and lots of fun. Please send form and money in early so I can order T-shirts, thanks.

Date: May 24-26 \*Free CM T-Shirt

Cost: $40 per camper \*Free Throw Contest

Time: 3rd-5th 8:30-10 \*Hot Shot Contest

6th-8th 10:30-12 \*1 on 1 Contest

Location: CM High School \*5 on 5 games every day

Walk-Ins Welcome - Questions call Coach Laux @ 978-2809\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please cut above line and return the bottom of this form completed in full with payment

Players Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Players Shirt Size\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/St.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact other than parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make checks payable to Ross Laux and mail to:

Ross Laux, 500 Shellview St. Bethalto, IL 62010

I authorize the CM Coaching Staff members or designated medical representative to care for my child, shall there be a need for medical attention. I also certify that

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in good health and able to participate in the CM Summer Basketball Camp.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

Physicians Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_