

**TRINITY BASKETBALL CAMP**  
**REGISTRATION FORM**

**Trinity Lutheran School**  
**will hold its annual basketball camp on**  
**Thursday, November 29**  
**and**  
**Thursday, December 6.**  
**4:30—5:30 pm**

Camp is open to all Lakeland area  
girls and boys in grades 1-2.

Each camp will focus on the skills and  
development of basketball such as:  
Dribbling · Passing  
Shooting · Teamwork

A registration fee of \$15 covers the cost of  
both days of camp, a t-shirt, and  
pizza party after the last day of camp.

Registration forms are available in the  
Trinity School office or online at  
[www.trinityminocqua.org](http://www.trinityminocqua.org).  
Call for 715-356-2255 for more information.

To ensure all participants receive a t-shirt,  
**Registration deadline is**  
**Monday, November 19.**

Participant's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

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

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

Home Church: \_\_\_\_\_

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Parent/Guardian's Name: \_\_\_\_\_

Address (if different than participants): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

T-Shirt size: (**please circle one**)

Youth sizes: Small Medium Large

Adult sizes: Small Medium

Number attending Pizza Party, December 6:

Kids: \_\_\_\_\_ Adults: \_\_\_\_\_

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*Please complete back page and send form and \$15  
payment **by Monday, November 19** to:*

**Trinity Lutheran School**  
**Attn: Basketball Camp**  
**8781 Brunswick Rd**  
**Minocqua WI 54548**

**EMERGENCY CONTACT INFORMATION**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

In the case of an emergency and we cannot reach you by phone, do we have your permission to call your family physician or the ambulance if necessary? **Yes** **No**

Do we have permission to request emergency medical treatment for your minor child if you cannot be reached? **Yes** **No**

Whom shall we notify if we are unable to reach you or the physician?

Name: \_\_\_\_\_

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

Phone #(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please list any special requests, chronic illnesses, or allergies that would be helpful in aiding your child in case of an emergency:

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Basketball  
Camp**

**at**

**Trinity Lutheran School**

**8781 Brunswick Road, Minocqua WI**

**Thursday, November 29**

**and**

**Thursday, December 6**

**4:30-5:30 pm**

**For All Lakeland Area**

**Boys & Girls in**

**1st - 2nd Grades**