

# 2022 Bishop Luers Boys Basketball Camp

Home of the 2-time State Champion Knights



**What:** Bishop Luers Basketball Camp for 5<sup>th</sup>–8<sup>th</sup> graders (2022-2023 school year)

When: June 27-30

Time: 10:00am-12:00pm

Where: Bishop Luers High School Gymnasium, 333 E. Paulding Road, Fort Wayne, IN 46816

Cost: \$30.00 per camper

**Equipment Needed:** Gym Shoes, T-shirt, Shorts (you DO NOT need to bring a basketball)

**Camp Objectives**: Campers will receive basic instruction in basketball fundamentals, with an emphasis on ball handling, passing, and shooting. **Camp Staff**: Campers will receive instruction from the Bishop Luers coaching staff and high school players.

**Registration**: Complete the attached registration form and return by **Monday, June 13**<sup>th</sup>. Checks and money orders should be made out to: Bishop Luers High School (Attention Boys Basketball. Mail to Bishop Luers High School, 333 E. Paulding Rd., Ft. Wayne, IN 46816 or drop off to high school. *Walk-ups accepted*.

#### 2022 Bishop Luers Boys Basketball Camp

**Registration Form** 

For onlin	e registration
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- 1. Visit Eventlink.com.
- 2. Sign In/ Create Account for Bishop Luers High School
- 3. Select "Eventlink Registrations"
- 4. Select "Summer Camps"
- 5. Select "2022 Summer Football Camp"
- 6. Complete registration and pay camp fee.

### Please note: If registering multiple campers online, multiple forms will need to be completed. To pay in cash or by check: Return this form with a check/cash (\$30/player) to: Bishop Luers Boys Basketball 333 E. Paulding Rd. Fort Wayne, IN 46816. Camper's Name: \_\_\_\_\_ **Grade** (2022-2023):\_\_\_\_\_ Camper's Name: Grade (2022-2023): Grade (2022-2023):\_\_\_\_\_ Camper's Name: \_\_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_\_ Emergency Contact #:

\*Walk-ups will be accepted

#### 2022 Summer Camp Waiver Form

I hereby give my child (named above) permission to take part in the Bishop Luers Boys Basketball Camp.
I will not hold the sponsor of the camp, Indiana Physical Therapy, nor Bishop Luers High School liable for
any injuries that might occur. I have hospitalization insurance that will cover any such injuries.

Parent signature:	 Date:_	

## **Photo and Media Consent and Release**

Parental Consent for use of photos or other media of minors

PHOTO AND MEDIA RELEASE INFORMATION:	
I grant Bishop Luers High School the right to take and use photographs, and his/her property in	video or other media of my child connection with parish, school,
(Print Name of Child)	•
or organizational activities which occurred during the 2022-2023 school activities. I authorize Bishop Luers High School and/or the Diocese of For and transferees to copyright, use and publish the same in print and/or e	rt Wayne-South Bend, its assigns
Yes, I agree that Bishop Luers High School and/or the Diocese of Fourth photographs, video or other media of my child for any lawful purposuch purposes as publicity, illustration, advertising, and Web content.	
No, I do not grant Bishop Luers High School the right to use photogramy child.	graphs, video or other media of
(Printed Name of Parent/Guardian)	(Date)
(Signature of Parent/Guardian)	