

# Franklin Girls' Basketball Camps



**FUNdamentals: June 4-8**

**Grades: 1-4**

Please check the session if you plan to attend.

|                                  |   |
|----------------------------------|---|
| Grades 1-4<br>(Incoming)         | _____   |
|                                  | <b>FUNdamentals Camp</b><br>June 4-8 (10:45-12 PM)<br>Cost \$50<br><br>\$10 off for every additional family member. |
| Total Payment                    | \$ _____  |
| Payable to:                      | Franklin Girls Basketball   |
| Mail Fee & Registration form to: | Athletic Dept.<br>Attn: Coach Sabol<br>2600 Cumberland Dr.<br>Franklin, IN 46131<br><br><b>Walk Ins Welcome</b>     |
| For More Info                    | Coach Josh Sabol<br>sabolj@franklinschools.org  |

## Registration Form

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

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_

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

Age: \_\_\_\_\_

Shirt Size (Circle one)

S M L XL (Adult)

S M L (Youth)

I agree that on behalf of the enrolled name on this registration form, Franklin Community High School/or Franklin Community Basketball Camp/and or their staff will not be held responsible for any injury, accident, or loss of property, however caused. It is further agreed that all risks involved are assumed by the student and her parent or guardian, who are also responsible for the medical fitness of the enrollee and for all medical costs incurred in the case of injury while in attendance at the camp.

I have read the above and consent to the terms as state

\_\_\_\_\_ parent/guardian

\_\_\_\_\_ date

# Franklin Girls Basketball Playmakers (PYL) Camp



**Athletic & Skill  
Development  
Grades: 5-8**

Please check the sessions you plan to attend.

|                                  |   |
|----------------------------------|---|
| Grades 5-8<br>(Incoming)         | <p>_____</p> <p><b>Sessions will be from 11-1<br/>at the high school</b></p> <p>June: 11, 13, 18, 20, 25, 27<br/>July: 9, 12, 16, 19, 23, 26</p> <p>Cost \$65</p> <p>\$10 off for every additional family member.</p> |
| Total Payment                    | \$ _____  |
| Payable to:                      | Franklin Girls Basketball   |
| Mail Fee & Registration form to: | <p>Athletic Dept.</p> <p>Attn: Coach Sabol</p> <p>2600 Cumberland Dr.<br/>Franklin, IN 46131</p> <p><b>Walk Ins Welcome</b></p>   |
| For More Info                    | Coach Josh Sabol<br>sabolj@franklinschools.org  |

## Registration Form

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

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_

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

Age: \_\_\_\_\_

Shirt Size (Circle one)

S M L XL (Adult)

S M L (Youth)

I agree that on behalf of the enrolled name on this registration form, Franklin Community High School/or Franklin Community Basketball Camp/and or their staff will not be held responsible for any injury, accident, or loss of property, however caused. It is further agreed that all risks involved are assumed by the student and her parent or guardian, who are also responsible for the medical fitness of the enrollee and for all medical costs incurred in the case of injury while in attendance at the camp.

I have read the above and consent to the terms as state

\_\_\_\_\_ parent/guardian

\_\_\_\_\_ date