



Summer 2010 High School Basketball Camps

Coach Grant and his staff are committed to hosting the best camps available. All campers will benefit from the years of professional experience that Coach Grant and his staff have to offer. Camps are structured to improve the following:

- * Fundamentals
- * Discipline
- * Strong Work Ethic
- * Confidence
- * Competitiveness
- * Respect
- * Team Work

Coach Grant's camps build strong players with great character!

High School (9th-12th Graders) Boys & Girls Shooting & Skills Camp
August 16 th , 17 th and 18 th 9:00 a.m. - 12:00 p.m. \$199.00 Trinity Lutheran School 45160 Van Dyke Ave, Utica, MI 48317

High School (9th-12th Graders) Boys & Girls Post Camp
August 16 th , 17 th and 18 th 1:00 p.m. - 4:00 p.m. \$199.00 Trinity Lutheran School 45160 Van Dyke, Ave Utica, MI 48317

******* Registration ends August 9, 2010 *******

**TO PARTICIPATE IN CAMP, COMPLETE THE REGISTRATION FORM,
ATTACH CHECK PAYABLE TO GREG GRANT, AND MAIL TO:**

GREG GRANT * 63335 Berwick Ct. * Washington Twp., MI 48095

More camps and registration forms available at CoachGregGrant.com
(Click the "Camps" page)

Interested in playing AAU Basketball? Check out Coach Grant's AAU Club.
www.greggrantbasketballclub.com



Summer 2010 High School Basketball Camps

Camp Dates: August 16th, 17th and 18th Camp: Shooting & Skills Camp (9:00 a.m. - 12:00 p.m.)
 Post Camp (1:00 p.m. - 4:00 p.m.)

Student Athlete's Name: _____ Circle: Boy / Girl

School: _____ Grade: _____ Birthdate: _____

AAU Team (if any): _____ Coach: _____

Parents Name(s): _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____

T-SHIRT SIZE: (Circle One)

Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL Adult XXL

MEDICAL WAIVER AND PARENTAL RELEASE

I (parent) _____ agree that (student) _____ may participate in Greg Grant's Basketball Camp. In consideration of participation in this event, I agree, on behalf of the above named child, his/her heirs and representative to fully and forever release, and hold harmless The Greg Grant Basketball Camp, it's agents, servants, and employees from any and all claims, demands, rights of action of causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this event. I hereby authorize in advance any necessary medical treatment required by the above-named child while in attendance of this camp. I also acknowledge that I have/will notify the camp personnel of any special medical needs or information required by the above-named child. Also, I understand that all rules and regulations for the camp will be enforced and any violation by my child will result in a call to me with possible request to pick up my child with no refunds being given.

Signature Parent/Guardian _____ Date _____

Emergency Contact Name _____

Emergency Contact Numbers _____