

OUR SAVIOR LUTHERAN



July 21-24, 2025

This summer the coaches and student athletes who have graduated from Our Savior Lutheran School will put on a basketball clinic from **Monday, July 21 through Thursday, July 24, 2025**. The camp will run from **6pm to 8pm** each night. Cost will be **\$70 per camper** for the week. **(Register & pay by June 2, camp cost is \$60)**

We will run drills, have competitions and spend some time each night in a devotion. The players will be put into one of four groups, depending on their size, age and skill level. Each camper will get a camp T-shirt. Drinks will be provided each night at devotions.

The camp is open to boys and girls entering 2nd grade to 8th grade in the fall of 2025. This could also be a great outreach opportunity for a friend or neighbor to get to know Christ. Bring someone along with you to the camp.

Please sign up your child(ren) ASAP to help us plan and to prevent you from forgetting once the busy summer arrives. **Sign up now** so you don't miss out.

Just return the Registration and Medical Release form along with your payment (make checks payable to OSL) to the church/school office.

If you have any questions call Bill Burmeister at 517-898-3446.

BASKETBALL CAMP

REGISTRATION

Name _____ Age _____ Grade _____
Upcoming School Year

Address _____ City _____

Telephone _____
Home Work Cell

Child's Shirt Size (Circle) Youth S YM YL Adult S AM AL AXL

MEDICAL RELEASE

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment of the above minor. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player's Birth _____ / _____ / _____ Date of Last Tetanus Booster _____ / _____ / _____
Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____
Use reverse side if needed

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone (H) _____ (W) _____ (C) _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone (H) _____ (W) _____ (C) _____

Insurance Carrier _____ Policy Number _____

Person to notify is parent/ guardian is unavailable _____

Phone (H) _____ (W) _____ (C) _____

Signature of Parent/Guardian _____