



**RED DEMON  
HOOPS  
TEAM CAMP**



**JUNE 19-23, 2017  
THE FIELDHOUSE**

**MIDDLE SCHOOL SKILLS CAMP: 3-5P  
COST: \$40**

**HIGH SCHOOL TEAM CAMP: 6-9P  
COST: \$40**

**NAME: \_\_\_\_\_**

**PHONE: \_\_\_\_\_**

**GRADE: ('17-18) \_\_\_\_\_**

**SHIRT SIZE: \_\_\_\_\_**

I hereby grant permission for my child, \_\_\_\_\_, to participate in the DCHS Summer Team/Skills Camp. My child does not have any physical issues that would make participation in this camp a risk to themselves or others. I further agree to release from any liability, the Red Demon Team/Skills Camp, its' staff, Dodge City High School, or USD443 for any injury or illness to my child. I further authorize the camp staff to act on my behalf in case of any medical emergency because of injury of illness to my child. I acknowledge that I am aware that participation in this camp will require physical activity of a nature which could result in injury to participants – notwithstanding the absence of fault on the part of the camp, its' staff, Dodge City High School, and USD443. I hereby authorize my child to participate in the Red Demon Team/Skills Camp.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

Return form/payment to:  
DCHS Athletic Dept  
2201 Ross Blvd  
Dodge City, KS 67801