



1600 Eagle Way
Lake Villa, IL 60046
847-838-7100

Where Respect + Courtesy = Pride

GIRLS BASKETBALL 2021

Regional Champs 2018

<p style="text-align: center;">FUTURE EAGLES CAMP</p> <p>[Any girl entering 5-8th grade in fall of 2021]</p> <p>June 21, 22, 23, 24, 28, 29, 30 July 1 M-Th 3-430p \$100</p>	<p style="text-align: center;">HIGH SCHOOL CAMP</p> <p>[Any girl entering 9-12th grade in fall of 2021]</p> <p>June 21, 22, 23, 24, 28, 29, 30 July 1, 5, 6, 7, 8 M-Th 3-5p \$125</p>
<p style="text-align: center;">SUMMER LEAGUE GAMES</p> <p>Summer league games will only be for varsity this upcoming summer.</p> <p>Schedules will be shared in Google Classroom as they are received.</p>	<p style="text-align: center;">CONFLICTS</p> <p>The coaching staff encourages multiple sports athletes.</p> <p>Being involved in multiple sports will at times lead to some conflicts during the summer.</p> <p>No worries, let's talk.</p>
<p style="text-align: center;">OUR VALUES</p> <p>Thinking the Game</p> <p>Playmaking</p> <p>Leadership</p> <p>Culture</p>	<p style="text-align: center;">FOLLOW US</p> <p>Twitter: @LCHSGBK</p> <p>Instagram: lakes_gbb</p>



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INSURANCE / MEDICAL CARE : Medical Insurance will not be provided by Lakes Girls Basketball Summer and Fall Programs, Lakes Community High School, and District 117. The parental authorization and insurance information must be completed with the registration form. Insurance information must be completed or the participant will not participate. If applicable, a doctor's release must be attached if the participant is recovering from a recent illness or injury, or if they are participating with a cast or splint.

Insurance Carrier	
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LIMITATION AND WAIVER OF LIABILITY: In partial consideration of our child's acceptance into Lakes Girls Basketball Summer and Fall Program,, I / we as a parent/s or legal guardian/s of participant's name _____ do hereby waive all liability of Lakes Community High, District 117, its employees, agents, board members, and staff for any accident, injury (including death), illness, or other mishap which might befall the above-named participant while traveling to/from or during their attendance at the Lakes Girls Basketball Summer and Fall Programs. Furthermore, I/we hereby grant permission to the staff of the Lakes Girls Basketball Summer and Fall Programs and any hospital staff to render to the above-named participant, any emergency medical services deemed necessary. I/we understand that all possible efforts will be made to inform me/us in case of such treatment.

Parent or Legal Guardian's Name (print)	
Parent or Legal Guardian's Name (signature)	
Parent or Legal Guardian's Email	
Parent or Legal Guardian's Phone Number	

Player's Name	
Street Address	
City and Zip	
Home Phone Number	
Cell Phone Number	
School Attending and grade as of this upcoming fall	
Emergency Contact and Phone Number	
T-Shirt Size (adult sizes)	S M L XL XXL

OFFICE USE ONLY	Check#	Date	Cash	Amount

Please mail / drop off registration form to:
 Lakes Community High School
 1600 Eagle Way
 Lake Villa, IL 60046
 Attention: Coach Brian Phelan

Registration forms should be returned by the first of June. Walk-in registration will be welcomed but there is no guarantee to receive a t-shirt.

Make checks payable to: LCHS Girls Basketball