



BELLEVUE CHRISTIAN BASKETBALL SKILLS DEVELOPMENT CAMP

Turn in registration below to the front office at Three Points Campus or to the following address:

Coach Mike Downs
14124 125th PI NE
Kirkland WA 98034

Make checks payable to **BELLEVUE CHRISTIAN SCHOOL**

REGISTRATION:

NAME _____ AGE _____ GRADE IN FALL _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMERGENCY PHONE _____

PARENT/GUARDIAN _____ T-SHIRT SIZE
S M L XL

GRADES 7-12 TIMES: 6:30—9:30 pm

DATES: JUNE 21—25

COST: \$75 Check payable to **BCS**

I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, and agree to hold harmless Bellevue Christian School, and camp coaches for any claim arising out of any injury to my/our child.

PARENT SIGNATURE: _____ DATE _____