

## 2008 MINI MUSKIE CLUB APPLICATION

Send checks payable to: Lakeland College Men's Basketball  
P.O. Box 359 Sheboygan, WI 53082-0359

Name: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Grade 2007-2008: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_

T-shirt Size (please circle one): YS YM S M L XL

I understand, the directors, coaches, or anyone else connected with the Mini Muskie Basketball Club will NOT assume any responsibility for accidents, medical, dental or any other expenses incurred as a result of accident during, or as a result of, any course of instruction given the applicant by the camp staff. I will be financially responsible for all medical claims for my child in case of emergency. I hereby give my permission to the physician selected by the camp to secure proper treatment for my child.

Parent's Signature:

\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Fees are due at the time of application

**Registration deadline: Friday, February 1<sup>st</sup>.**