LAKEVIEW’S 2020
BOYS SUMMER BASKETBALL CAMP
Lakeview’s 63rd Year

CAMP DATES: Mon - Thurs, June 8th-11th & 15th-18th

Session B1: 3rd-5th grades     8:00 - 9:00 a.m.     $55
Session B2: 9th-12th grades    9:15 - 11:15 a.m.     $75
Session B3: 6th-8th grades     11:30 a.m. - 1:00 p.m.   $65

All camps held at Lakeview High School Gym.
Fee includes a Spartan Camp t-shirt!

Registration deadline is Wednesday, June 3rd!
All camp registrations paid and received AFTER June 3rd will be charged an additional $10.00 late registration fee- no exceptions!

QUESTIONS ABOUT CAMP? Contact Steve Wichmann at swichmann@lakeviewspartans.org

2 WAYS TO REGISTER and PAY:

1. Complete the registration form on the back and return it with your payment (cash, check or money order only) and signed Insurance Waiver to: Lakeview High School, Attn: Beckie Reed, 15060 Helmer Road South, Battle Creek, MI 49015.

2. Pay Online at www.lakeviewspartans.org AND mail or fax your signed registration form and insurance waiver. To pay online: click on Lakeview High School, then on the left side of the High School page, click on “PaySchools”, then “Sports Camps”, then select the correct camp. Once you have made your payment, mark the payment method on the form as “PaySchools” and fax or mail the completed form and insurance waiver to Beckie Reed. Only paying online will not register your child; you MUST also submit the signed form and insurance waiver.
Fax #: 269-565-3717 / Mailing Address: Lakeview High School, Attn: Beckie Reed, 15060 Helmer Road South, Battle Creek, MI 49015.

Students will not be allowed to participate without the signed waiver, registration form and participation fee.
Envelopes must be postmarked by Wednesday, June 3rd to avoid the late fee.
Students who register after the deadline may not receive a T-Shirt.

Please note: You must pay by cash or check in the athletic office, or you may use your credit or debit card online. We are no longer able to process credit cards in the office.
If you have a QUESTION regarding the registration process, please contact Beckie Reed at (269) 565-3711 or reed@lakeviewspartans.org.
HOW TO REGISTER FOR CAMP

By Mail: Lakeview High School
Attention: Beckie Reed
15060 Helmer Road South
Battle Creek, MI 49015

Fax: (269) 565-3717

Pay Online: Through PaySchools at
www.lakeviewspartans.org

Sorry, we can no longer accept phone registrations!

REGISTRATION PROCEDURES
- Register & pay: by mail, or pay online at PaySchools and then mail or fax the forms.
- Each participant must have a separate registration and insurance form; these forms may be reproduced for additional registrants.
- Early registration is advised. Some camps have limited space and fill quickly, and not enough participants by the registration deadline may result in the cancellation of the camp.
- Registrations are taken in the order they are received.
- Pre-registration is required for all camps.
- Payment must accompany registration and insurance forms.
- Confirmation of your registration will not be sent. You will be notified only if the camp is full or cancelled.

PAYMENT PROCEDURES
- Camp fees may be paid by cash or check at the HS Athletic Office, or you may pay with a credit card online through PaySchools.
- Make checks payable to: Lakeview High School.
- Instructions for paying through PaySchools: Go to www.lakeviewspartans.org, then to the High School page. On the left side of the high school page, click on “PaySchools”, then “Sports Camps”, select appropriate camp. Paying online through PaySchools only, DOES NOT register your child-you must complete and return the registration and signed waiver forms to us by the deadline to avoid a $10.00 late fee.
- Please include a $10.00 late registration fee if registering or paying after the deadline of your child’s desired camp. Registrations must be postmarked on or before the camp deadline to avoid the late fee.

REFUND POLICY
- Full refunds are paid if the camp is cancelled due to insufficient enrollment.
- If you cancel five or more working days prior to the first day of camp, your money will be refunded minus a $5.00 processing fee.
- If you cancel less than 5 working days prior to the first day of camp, your money will be refunded, minus a $5.00 processing fee and any direct costs incurred (example: camp insurance).
- No refunds will be paid after a camp begins.
- Please allow 2-4 weeks processing time for all refunds.

WEATHER RELATED INFORMATION
Weather related cancellations will be posted to our website and sent to the local radio and television stations. Please talk to your camp coach regarding make-ups for the cancellation.

For summer camps held outdoors: Cancellations due to non-severe weather is at the discretion of the coach. Please check with the coach on the first day of camp regarding their procedures and policies for “rain days”.

Questions regarding the registration process? Please call Beckie Reed at (269) 565-3711, between 7:00 a.m. and 3:30 p.m.

Please include all information requested:

NAME ________________________________

BIRTHDATE ____________________________

ADDRESS (NO.) (STREET)
(CITY) (STATE) (ZIP)

PARENT’S NAME _______________________

PARENT’S PHONE # _____________

GRADE NEXT FALL: _________

SPORT _________ CAMP SESSION # ______

CAMP DATES: ___________ TIME: ______

T-SHIRT SIZE: (CIRCLE ONE)
YOUTH: Med Lg XL
ADULT: Sm Med Lg XL XXL

FEE: $ _________ CASH OR CHECK # _________

(Make check payable to: Lakeview High School)
Include $10.00 late registration fee after deadline as indicated on the sport specific form.

Check box if camp fee was paid online through PaySchools (make sure you still send in this registration form by the deadline) ________________

*******REQUIRED********

LAKEVIEW SCHOOL DISTRICT INSURANCE WAIVER

I am aware that with the exception of a group catastrophic accident policy for high school athletes (that provides supplemental coverage only for injuries with costs in excess of $25,000), the school district does not provide health insurance for my son/daughter while at school, or while participating in athletics. I am also aware that the district makes available at my cost a health insurance plan that would cover my son/daughter; however, I decline the school offered program and take full responsibility for his/her accident insurance while at school, or a school related activity.

Signature of Parent/Guardian __________ Date __________

*******REQUIRED********

Optional:
In case of injury, my son/daughter is covered by
Insurance Company ___________________________

Group/Individual Policy # ___________________________

LAKEVIEW HIGH SCHOOL ATTENTION: Beckie Reed
Lakeview High School
Lakeview, MI 49015
15060 Helmer Road South
Phone: (269) 565-3717
Fax: (269) 565-3717

BY MAIL:

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