

# Camp Grizz



Lassen High School Presents:

Camp Grizz 2026

June 15th-17th from 8:00am-12:00pm

Cost \$80.00 per child

Ages: Incoming 3rd-6th graders only



## APPLICATION:

Camper Name: \_\_\_\_\_

Grade (26/27 year): \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



Mail Applications with Payment (by 6/08/26) to:

Lassen Lady Grizz

PO BOX 270818

Susanville, CA 96130

Checks payable to: Lady Grizz Basketball Boosters

**Players can sign-up the day camp begins, though early sign-ups are greatly appreciated!**

**Camp Philosophy:**

We believe sports are a valuable part of life, in which many life skills can be taught and reinforced in a fun and meaningful way. Our first priority is to provide the positive experience in which campers are taught teamwork, conflict resolution skills, and individual response. We promote physical activity and encourage a healthy lifestyle through participation in sports. We provide in-depth instruction in the fundamentals of basketball. Camp will provide opportunities to improve and to compete at higher levels.

**Camp Format:**

Campers will be placed on teams of no more than 10, with a trained camp counselor. Counselors will provide constant supervision and act as a positive role model to all campers.

**What to Bring and Wear:**

Wear appropriate athletic attire and comfortable shoes (non-marking basketball shoes for Camp Grizz.)

Bring a water bottle and a snack.

**Where's Camp?**

Susanville, CA

Lassen High School Big Gym

Player drop off beings 30 minutes prior to the start of camp.

**Players can sign-up the day camp begins, though early sign-ups are greatly appreciated!**

Parent/Guardian Release and Agreement: I hereby give my consent for \_\_\_\_\_ to participate in Camp Grizz and/or Super Sports Camp. I authorize my child to go with and be supervised by a representative of Lassen High School. In case my child becomes ill or is injured, you are authorized to have my child treated and I authorize the medical agency to render in an emergency.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

As stated in the California Education Code Section 35330, I understand that I hold Lassen High and/or Lassen College, its offices, agents, and employees harmless from any and all liability claims, which may arise out of or in connection with my child's participation in this activity. I fully understand that participants are to abide by all rules and regulations governing conduct during this activity. Participants must have health or accident insurance:

Insurance Co. \_\_\_\_\_

Group # \_\_\_\_\_

Claim's Office Ph. # \_\_\_\_\_

Physician: \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

List any known allergies and medical conditions:

\_\_\_\_\_