



# Shreveport Police Department

Presents

## **Annual Youth Basketball Camp**

June 22-24, 2010  
Southern Hills Community Center  
1002 Bert Kouns Industrial Loop



**Open to first 100 applicants**  
**Ages: 6-13 (boys & girls)**

**Deadline: June 15, 2010**

Go to: [www.shreveportla.gov](http://www.shreveportla.gov)

Or

SPD Community Oriented Policing Bureau

For additional information please contact 673-6950.

**SHREVEPORT POLICE DEPARTMENT  
COMMUNITY ORIENTED POLICING BUREAU  
BASKETBALL CAMP**



**June 22-24, 2010  
9:00 AM to 12:00 PM  
Southern Hills Recreation Park  
1002 Bert Kouns Industrial Loop  
Boys and Girls -- Ages 6-13 years old  
Cost: no fee**

**Application deadline: June 15, 2010  
(First 100 applications will be accepted for the Basketball Camp)**

**MAIL FORM TO: SHREVEPORT POLICE DEPARTMENT  
COMMUNITY ORIENTED POLICING BUREAU  
1234 TEXAS AVENUE  
SHREVEPORT, LA 71101**

**OR FAX TO: 673-7126**

**QUESTIONS CALL: 673-6950 or 673-7236**

**CHILD'S NAME:** \_\_\_\_\_

**D.O. B:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**PARENT/GUARDIAN'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**LOCAL PHONE NUMBER:** \_\_\_\_\_

**EMERGENCY NUMBER:** \_\_\_\_\_

**I, the Parent/Guardian of the above named child, give my permission for him/her to participate in the one day Fishing Camp. I will not hold the City of Shreveport, Shreveport Public Assembly and Recreation, the Shreveport Police Department nor any official responsible if my child is injured while engaging in this activity. I understand the hazards and dangers involved in the activity and will use my own insurance, if needed.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

APPLICANT NUMBER \_\_\_\_\_ OFFICE USE ONLY

**MEDICAL TREATMENT RELEASE**

**I approve of my son or daughter's attendance at the Shreveport Police Department day camp (fishing, basketball, or golf) and verify that he/she is in good health and able to participate in the program of activities. I hereby authorize the directors of the camp to act for me according to their best judgment in any emergency requiring medical attention including treatment by physicians.**

\_\_\_\_\_  
**Signature of Parent**

**Doctor's Name:** \_\_\_\_\_

**Doctor's Phone:** \_\_\_\_\_

**Date of Last Physical:** \_\_\_\_\_