

YOUTH BASKETBALL CAMP

JULY 14-17

Edmonds School District Presents:

The 13th Annual Meadowdale High School Youth Basketball Camp

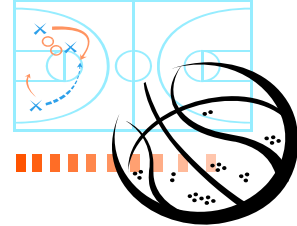
All Sessions at Meadowdale High School: 6002 168th SW Lynnwood WA

Session 1 K-4th (8:00am to Noon) / Session 2 Boys 5th-9th (12:30-4:30pm) / Session 3 Girls 5th-9th (4:30-8:30pm)

Cost: \$85.00 per player

Checks made payable to: **ESD** ***Space is Limited; please register early*

Please fill out the following and mail with your check payable to: **ESD** to:
Youth Bball Camp – 20904 82nd Ave. W. Edmonds, WA 98026



Camper's Name: _____ Entering Grade (08-09): _____

Session attending: (circle one) **1(K-4th)** **2 (boys5th-9th)** **3 (girls5th-9th)**

Please circle Adult T-shirt size: S M L XL XXL

Instruction given by Meadowdale High School Coaching Staff and Current/Former Players
Fundamentals stressed with the emphasis on Fun!!!

GIRLS:

2004 & 2000 3A STATE CHAMPIONS

Wesco Champs 2007 & 13 of last 15 years

NW District Champs 2007,2004, 2003, 2002, 1999, 1998, 1996

State Tourney appearance 13 of last 14 years

2008 5th, 2007 6th 2006 8th; 2004 1st; 2003 4th, 2002 5th, 2001 4th

BOYS:

2008 state tournament appearance

Wesco Champs 2004

6th Place State Tournament 2004 & 2003

NW District Champions 2003

NW District Tournament Qualifiers 2008,2007,2006,2005,2004,2003

As a parent or guardian of a student requesting to register for participation in the 2008 Meadowdale High School Youth Basketball Camp sponsored by the Edmonds School District, I hereby acknowledge that I have read, understood, and agree to the following:

- I acknowledge that basketball entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. _____
(Parent initial)
- I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____
(Parent initial)

Medical Information

The following special health problems should be noted: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that the Edmonds School District requires but does not provide medical insurance for my child. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____ Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.

Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give permission for _____ who attends _____ to

(Student) (School)

Participate in the 2008 Meadowdale High School Youth Basketball Camp, July 14-17, for the purpose of learning fundamental basketball skills in order to enhance skill and performance level.

Parent/Guardian Name _____ Home Phone _____

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____

QUESTIONS?

Please Call
425-431-6532

Camp Director:
Chad McGuire