

# EWHS One Day Basketball CAMP

*Run by EWHS Boys Basketball Coaching Staff*

**Come play Basketball on these non-school days!**



**When: October 20<sup>th</sup> and Jan 26<sup>th</sup> 9am-3pm**

**Where: Edmonds-Woodway High School**

**Who? Boys and Girls 3<sup>rd</sup>-6<sup>th</sup> grade Oct, and Jan**

**What we will be doing... Basketball drills and skills, age appropriate tournaments**

Please circle the day you want to attend.

Oct 20<sup>th</sup>

Jan26th

Or all three camps

**Register by phone or mail, see information below!**

**Cost \$ 50 for one session \$80 for both**

**Pay \$40 per session if turn in before October 12th**

**Space is limited so register now!**

Please see reverse for registration form and release information. Please fill out and send in ASAP.

**Make Checks Payable to: ESD**

Send check & form to:

EWHS c/o Michael Richards Basketball Coach

7600 212th St SW,

Edmonds, WA 98026

Any questions, please call or email: 425-431-1373

richardsm@edmonds.wednet.edu

Be sure to include the following information: Parent name, child name & grade, contact #, and the clearance form (on back)

### **Assumption of Risk/Permission to Participate**

As a parent or guardian of a student requesting to register for participation in the 2017-18 Edmonds Woodway high school basketball Camp, I hereby acknowledge that I have read, understood, and agree to the following:

- 1. I acknowledge that the sport of 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)
- 2. 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.**

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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 2017-18 Edmonds Woodway High school one day basketball Camp, Oct 20<sup>th</sup> Nov 10<sup>th</sup> Jan 26<sup>th</sup>, 2017-18, for the purpose of participating in basketball and the many skills it requires.

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(please print)

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_