



2015 EWHS Lady Warrior Basketball Basketball Camp



When: Monday–Wednesday, June 29th, 30th, July 1st
Who: Girls entering the 5th - 9th grades in fall 2015
Time: 1:00 - 4:00
Where: Edmonds–Woodway High School Gymnasium
Cost: \$75
Staff: EWHS Coaching staff and EW players!!

Director: Head Coach Rebekah Wells (wells.rbkh@gmail.com)

Camp Focus :

- Individual offensive/defensive skills work
- Team concepts through games and fun drills!
- Correct shooting form—focus on fundamentals!!
- EVERY CAMPER WILL TAKE HOME A NEW EW BASKETBALL!!!!

Complete the following, and risk form (on back) and return with payment of \$75 per player payable to **ESD**.
Edmonds–Woodway High School, c/o Rebekah Wells .7600 212th St. SW. Edmonds, WA 98026

Name _____

Grade for fall 2015 _____

Parent/Guardian name _____

School: _____

Phone # _____

Names of friends attending camp: _____

Email _____

Address _____

Any health concerns/allergies: _____

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the **2015 Lady Warrior 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.

.....
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 _____

(Student)

(School)

to participate in the **2015 Lady Warrior Basketball Camp, on June 29-July 1st, at Edmonds-Woodway High School**, for the purpose of practicing fundamental running skills in order to enhance skill and performance level.

Parent/Guardian Name _____ Home Phone _____

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____