



2015 WARRIORS BOYS BASKETBALL CAMP

Sponsored by the Edmonds School District

When: June 29th-July 1st (Mon-Wed)
9 a.m. – 12 p.m.

Where: Edmonds-Woodway High School Gymnasium

Who: Boys entering 5th through 9th grade in the fall of 2014

Cost: \$75

Focus: Our camp offers quality instruction from Head Coach Robert Brown and leadership from EWHS boys' basketball players in a fun and competitive environment!

Skills Emphasized:

- *Mechanics of shooting – everyday!*
- *Individual and team offensive and defensive drills*
- *Point guard responsibilities*
- *Post play*
- *Perimeter play*
- *Competitive games every day!!*

Questions: please email Robert Brown: roblbrown4@gmail.com

Make checks payable to: ESD and mail/submit registration to:

Robert Brown – Warrior Basketball Camps

7600 212th Street SW

Edmonds, WA 98026

Name of Child: _____ Grade in Fall 2014: _____

Current School: _____

Address: _____

City: _____ State: _____ Zip: _____ T-Shirt Size _____

Phone #: _____ E-mail _____

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the **2015 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 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** _____
(please print)

Address _____ **Work Phone** _____

Parent/Guardian Signature _____ **Date** _____