



hoopaholics

Summer Basketball CAMP Series

Who: boys and girls 2nd through 8th grade all skill levels
Where: Lynnwood High school
Time: 9 am to 2pm
When: July 14th-17th
 Cost: \$100 for 4 day camp for participants within the Edmonds school district
 \$190 for 4 day camp for participants outside of Edmonds school district

Register: Mail payment with registration or www.hoopaholics.com

Class objectives:

Player will work on shooting and spacing, Ball handling, and defensive techniques all with the teaching from our experienced and qualified Hoopaholics coaches!

Check out how to join a hoopaholics team, sign up for training sessions that fit your schedule and More online at www.hoopaholics.com

Please cut here and submit this bottom portion with payment:

Skills Class

Indicate which camp date:

PLAYERS NAME:

STREET ADDRESS:

E-MAIL ADDRESS:

CELL PHONE:

GRADE:

COST: \$100 for 4 days or \$30 per day

I approve of my child's attendance at the Hoopaholics Class and certify that he/she is in good health. I release Michael Johnson, Hoopaholics, and host facility from all liability.

Signature _____ Date _____

Make checks payable to: Edmonds School District

Mail: Attention Debra Dodge Edmonds School District #15 20420 68th AVE West Lynnwood WA 98036-7400

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2014 hoopaholics summer basketball camp presented by Lynnwood high school basketball, 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 _____ to
(Student) (School)

Participate in the 2014 Hoopaholics basketball camp presented by Lynnwood High school basketball team , July14th-17th, 2014, 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 _____