

# YOUTH BASKETBALL CAMP

www.meadowdalebasketball.com

## JULY 7<sup>th</sup>-10<sup>th</sup>, 2014

Edmonds School District Presents:

### The 19th Annual Meadowdale High School Youth Basketball Camp

All Sessions at Meadowdale High School: 6002 168th St SW Lynnwood WA 98037

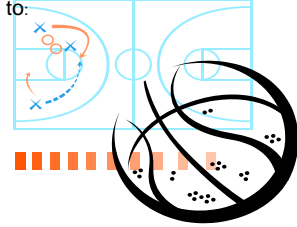
Session 1: K-4th (8:00am to 11:30am) / Session 2: Boys 5th-9th (12:00-3:30pm) / Session 3: Girls 5th-9th (3:30-7:00pm)

Cost: \$90.00 per player

Checks made payable to: **ESD** \*\*Space is Limited--Register Early!

Please fill out the following and mail with your check payable to: **ESD** to:

Meadowdale Youth B-Ball Camp -c/o Andy Streit P.O. Box 576 Lynnwood, WA 98046



Camper's Name: \_\_\_\_\_ Entering Grade ('14-'15): \_\_\_\_\_

Session attending: (circle one) 1 (K-4th) 2 (boys 5th-9th) 3 (girls 5th-9th)

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

Instruction given by Meadowdale High School Coaching Staff, Current and Former Players

Fundamentals stressed with the emphasis on "Fun"!!!

#### GIRLS:

2004 & 2000 3A STATE CHAMPIONS

Wesco Champs 2007, 2009 & 14 of last 17 years

NW District Champs 2009, 2007, 2004, 2003, 2002, 1999, 1998, 1996

State Tourney appearance 14 of last 16 years

2008 5<sup>th</sup>, 2007, 2009 6<sup>th</sup> 2006 8<sup>th</sup>, 2004 1<sup>st</sup>, 2003 4<sup>th</sup>, 2002 5<sup>th</sup>, 2001 4<sup>th</sup>

#### BOYS:

5<sup>th</sup> Place State Tournament 2010

Wesco Champs 2009, 2004

6<sup>th</sup> Place State Tournament 2009, 2004, & 2003

NW District Champions 2009, 2003

NW District Tournament Qualifiers 2002-2011

As a parent or guardian of a student requesting to register for participation in the 2014 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 2014 Meadowdale High School Youth Basketball Camp, July 7<sup>th</sup>-10<sup>th</sup>, for the purpose of learning fundamental basketball skills in order to enhance skill and performance level.

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

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

#### QUESTIONS?

Please Call

Camp Director:

Andy Streit  
(425) 431-6529