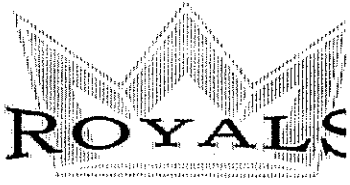


# 1 day fall Basketball CAMP

*Run by Lynnwood High School Basketball Team*



*When:* September 28th 9am-3pm

*Where:* Lynnwood High school

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

**Cost \$ 30.00 must have in by the 14<sup>th</sup>**

**Cost after \$40.00**

*Who can attend?* Boys and Girls 3rd-6<sup>th</sup> grade

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

Wear comfortable clothes and basketball shoes

Parents can come and stay or drop in at anytime,

Clinic will be over at 3pm

Please bring a lunch for your child.

Parents, September 28<sup>th</sup> is during Teacher in-service day. This will be a great activity for them while you work or play.

**Space is limited so register now!**

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

**Pre-register by:**

**Make Checks Payable to "Lynnwood Booster Club"**

**Mail** – send check & form to:

LHS Michael Richards Basketball Coach

18218<sup>h</sup> N Rd

Bothell W.A., 98102

**Phone or e-mail** - leave/send

message with following info:

Parent name, child name & grade,

contact number. Please bring form

And check with you to clinic by 9am!

(425) 431 – 1373

[richardsm@edmonds.wednet.edu](mailto:richardsm@edmonds.wednet.edu)

**Assumption of Risk/Permission to Participate**

As a parent or guardian of a student requesting to register for participation in the 2012 Lynnwood high school basketball Camp, I hereby acknowledge that I have read, understood, and agree to the following:

- 1. I acknowledge that the sport of soccer 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 2012 Lynnwood high school basketball camp, for the purpose of participating in basketball youth camp and the many skills it requires.

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

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

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