

# MEADOWDALE BOYS' BASKETBALL PROGRAM ELITE SKILLS CAMP

[www.meadowdalebasketball.com](http://www.meadowdalebasketball.com)

**JUNE 23<sup>rd</sup>-25<sup>th</sup>, 2014**

Edmonds School District Presents:

**The 5<sup>th</sup> Annual Meadowdale High School Boys' Basketball Program Elite Skills Camp**

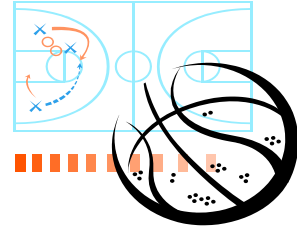
Sessions at Meadowdale High School 6002 168<sup>th</sup> Street SW Lynnwood, WA 98037

**June 23<sup>th</sup>-25<sup>th</sup> 9:00 a.m.-12:00 p.m.**

Cost: \$125.00 per player

**Checks made payable to: ESD \*\*Space is Limited; please register ASAP**

Please fill out the following and mail with your check payable to: ESD to:  
Elite Skills Camp – c/o Andy Streit P.O. Box 576 Lynnwood, WA 98046



Camper's Name: \_\_\_\_\_ Entering Grade (5-9): \_\_\_\_\_

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

Instruction given by Meadowdale High School Coaching Staff and Former Players

## MEADOWDALE BOYS' BASKETBALL:

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

## COACHING STAFF:

Andy Streit, Boys' Varsity Head Coach

Andrew Matty, Boys' Varsity Assistant Coach

As a parent or guardian of a student requesting to register for participation in the 2014 Meadowdale High School Basketball Elite Skills Camp sponsored by the Edmonds School District, I hereby acknowledge that I have read, understood, and agree to the following:

1. 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)
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 Meadowdale High School Boys' Basketball Program Elite Skills Camp, June 23rd-25th, 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 \_\_\_\_\_ Work Phone \_\_\_\_\_

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

**QUESTIONS?**  
**Please Call:**  
**Andy Streit**  
**(425) 431-6529**

