

The 20th Annual MEADOWDALE MAVERICKS YOUTH BASKETBALL CAMP JULY 6-9, 2015

Presented by the Edmonds School District

- **Who:** Any incoming K-9th grade boys and girls who want to have a blast while enhancing their understanding of the game of basketball, and learning the importance of fundamentals, hard work, and teamwork. This is a great opportunity for kids of all ages and skill levels. Individual attention will be given from camp staff (MHS coaches, current & former players) to ensure each camper will have a fun, rewarding, and challenging experience!
- **When:** July 6-9, 2015
 - **Session 1:** K-4th Grade (8am-11:30am)
 - **Session 2:** Boys 5-9th Grade (12pm-3:30pm)
 - **Session 3:** Girls 5-9th Grade (4pm-7:30pm)
- **Where:** "The Stable" at Meadowdale High School
6002 168th St SW Lynnwood, WA 98037
- **How:** Fill out the form below and mail check (\$90) **made out to ESD** to :
Meadowdale High School (see address above) c/o Andrew Matty.



MEADOWDALE BASKETBALL LEGACY	
Boys Basketball	Lady Mavs Basketball
-State Tourney in '78, '03, '04, '08, '09, and '10	-State Champs: 2000, 2004
-5 th Place Finish in 2010, 6 th Place in '03, '04, '09	-Qualified for 14 State Tourneys in last 18 years
-Wesco Champs: '04 & '09	-NW District 1 Champions 8 times since 1995
-NW District 1 Champs in 2003 & 2009	-Wesco Champions in 14 of the last 18 years

Camper's Name: _____ : Entering Grade: _____ Circle Session: **1 (K-4th)** **2 (boys 5-9th)** **3 (girls 5-9th)**
 Circle Adult T-Shirt Size: **S** **M** **L** **XL** **XXL**

As a parent/guardian of a student requesting to register for participation in the 2015 Meadowdale High School Youth Basketball Camp sponsored by Edmonds School District, I hereby acknowledge that I have read, understand, 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 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 be notified in case I cannot be contacted: _____ Phone: _____

Medical Release: In the event of an accident or illness, I understand a reasonable effort will be made to contact the parent/guardian. However, if I am unavailable, 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 athletic trainer for information.

Although I understand that the Edmonds School District will make reasonable efforts 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 _____ School to participate in the 2015 Meadowdale High School Youth Basketball Camp, July 6-9th, for the purpose of learning fundamental basketball skills in order to enhance skill and performance level.

Parent/Guardian Name: _____ Home Phone: _____ Email: _____

Street Address: _____ City: _____ Zip Code: _____ Work/Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

QUESTIONS??

Please contact:
Roger O'Neill
 Camp Director
 Boys' Basketball Head Coach
 206.295.5191
 rogeroneill22@gmail.com