



**GIRLS CAMP
SUMMER 2019**

Childs Name: _____ Height: _____ Jersey size: _____ School: _____

PARENT/GUARDIAN: _____
 E-MAIL ADDRESS(ES): _____
 TELEPHONE # _____ ALTERNATE TELEPHONE # _____
 IS PARENT INTERESTED IN COACHING OR ASSISTING? _____

**ALL GAMES/ACTIVITIES ARE ON VARIOUS EVENINGS AND SATURDAYS DURING THE WEEK.
EXCEPTIONS MAY OCCUR TO ACCOMMODATE UNFORSEEN CIRCUMSTANCES.**

**Please circle 2019-2020 grade and preferred division for this summer.
For the summer league only, you may play up or down based on your preference.
THERE WILL BE AN EVALUATION TO ASSESS PLAYERS CURRENT SKILL LEVEL**

GRADE:	3	4	5	6	7	8	9+
<u>Girls-Prep Camp (Grade 3-5)</u> * Sessions will be on Tuesdays, Thursdays, and Saturdays * Each 2 hour session includes skills, game and review * 9 foot goals at Calvary Baptist Church * Skills sessions will focus on basic skills * Game Sessions will focus on Team play * End of Season "tournament"	<u>Girls-JV Camp (Grade 5+)</u> * Sessions will be on various nights and Saturdays * Each 2 hour session includes skills, game, and review * 10 foot goals at Calvary and Crestwood * Skills based on players level * Game Sessions will focus on Team play * End of season "tournament"						

CONSENT AND WAIVER

I RECOGNIZE AND UNDERSTAND THAT BASKETBALL IS A SPORT INVOLVING RISKS NOT ENCOUNTERED IN EVERYDAY PLAY. WITH THIS UNDERSTANDING, IN CONSIDERATION OF GLENDOVER ELEMENTARY SCHOOL AND THE GLENDOVER BOOSTER CLUB PERMITTING MY CHILD TO PARTICIPATE IN THE YOUTH BASKETBALL LEAGUE, I COVENANT AND AGREE TO INDEMNIFY AND HOLD HARMLESS AND DO RELEASE AND FOREVER DISCHARGE CRESTWOOD CHRISTIAN CHURCH, GLENDOVER ELEMENTARY SCHOOL, GLENDOVER BOOSTER CLUB, COACHES, REFEREES, AND OTHER SUCH VOLUNTEERS AS CONNECTED WITH THIS YOUTH BASKETBALL LEAGUE IN ANY CAPACITY, FOR ANY AND ALL DAMAGES, CLAIMS, AND/OR LIABILITY ARISING OUT OF ANY INJURY TO OR CAUSED BY MY CHILD. WITH THE KNOWLEDGE AND UNDERSTANDING THE FOREGOING, THIS IS TO CERTIFY THAT MY CHILD HAS PERMISSION TO PLAY IN THE GLENDOVER BASKETBALL LEAGUE. FURTHER, I HEREBY AUTHORIZE ANY AND ALL EMERGENCY MEDICAL TREATMENT DEEMED NECESSARY BY ANY PHYSICIAN, NURSE OR PARAMEDIC. IN ADDITION, MY CHILD AND ALL ATTENDING GUESTS AGREE TO ABIDE BY THE RULES OF THE GLENDOVER BASKETBALL LEAGUE.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE: _____

\$130 REGISTRATION FEE PAID: _____ CASH: _____ CHECK: _____

NOTES: