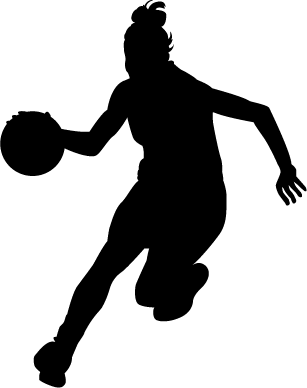
**Sunset Girls Summer Basketball Camp**

**3rd – 8th Grade**

**(Based on 2019-2020 School Year)**

**August 5th – 8th 2019**

**4pm – 7pm @Sunset High School**

Come learn skills from the Sunset High School coaching staff and players!!!

Focus Areas

Scoring, ball handling, footwork, passing, rebounding, on-ball defense, team offense, situational decision-making, communicating on the floor, and how to be a great teammate!

Awards for team competitions, individual shooting, ball handling and other skills!



All money goes to the Sunset Women’s Basketball Team to help pay for new uniforms and other expenses not covered by the athletic budget.

Cost for Camp: $100 if pre-register

$120 if paid first day of camp

Camp information also on the Sunset Youth Basketball website:

<https://sunsetgirlsyouthbasketball.sportngin.com/home>

Please fill out the form on the next page and mail it along with check to Sunset High School:

**Sunset High School**

**Attn: Women’s Basketball**

**13840 NW Cornell Rd**

**Portland, OR 97229**

Please make out check to: **Sunset Women’s Basketball**

For more information email:

Coach Clay Atkins: [clay\_atkins@yahoo.com](mailto:clay_atkins@yahoo.com)

**SUNSET GIRLS BASKETBALL CAMP**

**Summer 2019**

**SCHOOL SPONSORED CAMP/CLINIC**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: | | Gender: | Current School: | | | Student ID # |
| Birthdate: | Grade in School | | Email: | | | |
| Parent/Guardian Name: | | | Emergency Contact Name: | | Emergency Contact Phone# | |
| Parent Cell Phone: | Parent Work/Home Phone: | | Physician Name | | Physician Phone # | |
| Health Insurance Provider: | | | Policy Number | | Group Number | |
| ALLERGIES, MEDICAL CONDITIONS, ETC. THAT WE SHOULD KNOW ABOUT: | | | | | | |
| **⧫ MEDICAL WAIVER** I, the parent/guardian of the above named student, grant permission to the supervising Staff or Coach to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student. | | | | | | |
| **⧫ HOLD HARMLESS**  I, agree to release from liability, to defend, indemnify and hold harmless the Beaverton School District, its employees, school board members, volunteers and agents from all claims, unless the claim is based on the willful misconduct of the school district. I affirm that I have carefully read and understand this agreement and all of its terms. | | | | | | |
| Parent/Guardian Name (Print) | | Parent/Guardian Signature | | Date | | |

Girls/Women’s Cut T-shirt Size: