



# GIRLS BASKETBALL CAMP

## JUNE 14 & 15, 2018

at Wesclin High School

Grade 1-8 for 2018-2019 school year (Wesclin Students Only)

1st-3rd grades: 8am-9:30am | 4th-8th grades: 9:30am-11am

Hosted by High School/Middle School Coaches & Former Players

On June 15, parents, grandparents, etc. are welcome to attend the last 30 min. of the camp for the award presentation.

Questions: Contact Coach Ski at [materkowskid@wesclin.org](mailto:materkowskid@wesclin.org)

To register please complete the following information below and make check payable to Wesclin High School Girls' Basketball. Please return the registration form and payment to: **WHS 699 Wesclin Road Trenton, IL 62293 ATTN: Darci Materkowski/Coach Ski.**

Cost is \$25 | Camp Registration Deadline is Friday, June 8

Child's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Email address \_\_\_\_\_ Home or Cell Number \_\_\_\_\_  
Emergency Contact (other than above) and Phone Number \_\_\_\_\_  
Health Concerns \_\_\_\_\_  
Shirt Size (circle one): YS YM YL AS AM AL

### Waiver

As the parent/guardian of the participant, I \_\_\_\_\_, hereby grant permission for my child/ward to participate in the Wesclin Girls' Basketball Camp and represent she is physically able to participate in the camp activities. In consideration of the applicant's being allowed to participate in the cap, thereby release the camp, Wesclin School District, coaches, and volunteers from all claims resulting from illness, injuries or other damages which may be sustained by my child/ward during the attendance at the camp. I understand that any or all cost of any medical care deemed necessary for the treatment of my child/ward is my responsibility and the camp personnel and or district/school is not obligated to pay for medical care. I understand and agree if any illness, injury, medical emergency occurs which, in the sole judgment of the camp staff personnel or medical service personnel (includes athletic trainer), I hereby give consent to any member of camp personnel to provide medical care for my child/ward as the staff member decides is needed. I hereby assure and hold harmless the camp staff personnel, the district/school from any and all cost, expenses, damages, or liabilities arising from any acts or omission of staff member/medical care provider and by reason of my child(s)/ward(s) participation in the camp.

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

### Photography Waiver

I hereby authorize the Wesclin Girls' Basketball coaches to publish photographs taken of my child for use in the Trenton Sun (printed publication) and WHS Girls' Basketball FB page. (No signature required if NOT authorizing)

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





