



2017 RED WOLVES GIRLS BASKETBALL CAMP

TUESDAY JUNE 27th - FRIDAY JUNE 30TH, 2017

Two Girls Sessions!

Session I: Girls Grades 3rd through 6th - 2:30 PM to 4:30 PM

Session II: Girls Grades 7th through 9th - 4:30 PM to 6:30 PM
(times subject to change depending on enrollment)

4 Days of Fun!

Clip here and save top section for the dates!

Campers will receive t-shirts, basketballs, and prizes
GIRLS GRADES 3rd through 9th - JOIN US FOR 4 DAYS
OF BASKETBALL INSTRUCTION AND GAMES AT THE CEDARCREST
HIGH SCHOOL GYMNASIUM IN DUVALL
BRING CLEAN SHOES FOR INDOOR PLAY AND COME DRESSED TO HOOP IT UP!

COST: \$80 (checks payable to CHS)

Coached by the Cedarcrest High School Girls Coaching Staff and Players

This camp focuses on teaching the fundamental skills of basketball and playing fun games which include:

- Footwork and moving without the ball
- Shooting (Lay-Up, Jump Shot, Free Throw)
- Ball Handling, Passing
- Screening and using the Screen
- Live ball moves
- Dead ball moves
- Defensive Fundamentals
 - 1 on 1, 2 on 2, 3 on 3, 5 on 5
 - Hot Shot Games, Other Fun Competitions



ENTHUSIASM MAKES THE DIFFERENCE!

Our Goal is to introduce players to the skills and techniques they can work on during the off season to improve their game to the highest level! Campers will leave camp with simple drills that they can work on at home, every day.

Register by completing the form below and the emergency form on the reverse side of this flyer and return it with a check for \$80 to the address at right.

PLAYER NAME: _____

AGE: _____ GRADE IN FALL 2017: _____

TEL. NO.: _____

EMAIL (optional): _____

YOUR SCHOOL: _____

SESSION (circle): **I** **II**

T SHIRT SIZE (circle) Youth M L Adult S M L XL

Mail your registration to:

Red Wolves Girls Basketball Camp
c/o Brad Knowles, Head Coach
Cedarcrest High School
29000 NE 150th St.
Duvall, WA 98019
Questions? Call Coach Knowles
@ 425-941-0127 or email
bdk2276@comcast.net

Emergency Medical Treatment Authorization

Player Name _____

Parents/Guardian Name _____

Telephone _____ Cell Phone _____

Address _____

Parent/Guardians Work Phone _____

Insurance Company _____

Policy # _____

Family Physician or Health Care Provider _____

Physician/Health Care Provider Phone # _____

Preferred Hospital _____

Medical Conditions to be aware of _____

If, in the event of serious injury, your family physician or health care provider is not available or is not located in the immediate vicinity and we are unable to contact a parent, does the coaching staff have your permission to seek medical attention from the nearest physician/health care provider? Yes _____ No _____
If your answer is "no" please specify procedure you wish the coaching staff to follow: _____

Participation in athletics can be a dangerous activity involving multiple risks of injury. Injuries can range from abrasions and bruises, to catastrophic injuries. Careful consideration should be given to the risks and dangers associated with athletics before making a decision to participate.

I/We, the undersigned, do hereby release, absolve, indemnify and hold harmless Cedarcrest High School, the Coaches, Player Coaches, Guest Coaches, and Volunteers from any liability during my/our child's participation in this basketball camp. I/We assume all risk and hazards incidental to my/our child's participation in this basketball camp.

Parent(s)/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____