



2017 Monroe

Girls Basketball Camp

Elementary Session: May 30th to June 1st

Middle School Session: June 12th to 14th

Presented by: MHS Players & Coaches

Elementary Session

Grades: 2nd to 5th

May 30th to June 1st

5:00—7:30 pm

Middle School Session

Grades: 6th to 9th

June 12th to June 14th

5:00—7:30 pm

CAMP STAFF:

The camp will be run by the Monroe High School basketball players and coaches

COST:

\$60 includes a camp t-shirt.

The camp is a fundraiser for MHS Girls Basketball.

WHAT TO BRING:

Basketballs will be provided. If you would like to bring your own make sure your name is on it.

LOCATION:

Monroe High School Gym—17001 Tester Rd
Monroe, WA 98272

MAKE CHECKS PAYABLE TO: Monroe High School

MAIL TO: Ashley Tuiasosopo—17001 Tester Rd, Monroe, WA 98272

EMAIL: tuiasosopoa@monroe.wednet.edu

A confirmation email will be sent once registration and payment are received

REGISTRATION FORM IS ON THE BACK OF THE FLYER

Monroe Girls Basketball Camp Registration

Name: _____ Age: _____ Grade: _____

Email: _____ Phone: _____

Address: _____

Camp Session: **Elementary Session** **Middle School Session**

(circle one) Grades: 2nd to 5th Grades: 6th to 9th

T-Shirt Size (circle one): Youth M Youth L Adult S Adult M Adult L

Participant Waiver and Release

I am fully aware of the special dangers and risks inherent in the activity, including physical injury, death or other consequences that may arise or result directly or indirectly from the activity. Being fully informed as to these risks and in consideration of the privilege of participating in the above described activity, I hereby assume all risks of injury or liability and waive any right of recovery from or to bring suit against the Monroe School District and its affiliates including camp organizers, sponsors, supervisors, coaches and other participants for any personal injury, death or other consequences arising out of the participation in the activity. As the parent or guardian of the above applicant, I give my permission for any emergency treatment necessary at any camp facility. I authorize any hospital, emergency medical facility, and/or physician to perform emergency treatment for any injuries resulting from any Monroe Girls Basketball Camp activity .

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____