

LET'S HAVE A BALL!

TIGER GIRL'S 7TH -8TH GRADE BASKETBALL CAMP MONTGOMERY COUNTY FAMILY YMCA

This camp is open to all girls who will be entering 7th or 8th grade in Fall of 2018. ROHS Girl's Head Coach Maddie Gelber will lead the camp and is being assisted by other coaches associated with the ROHS girl's basketball program. The camp will focus on the fundamental skills of basketball - dribbling, passing and shooting.

- CAMP DATES:** Monday, Tuesday, Wednesday
July 23rd-25th
- TIME:** 6:30 - 8:00 P.M.
- PRICE:** Register by July 22nd
\$20.00
- LOCATION:** Inman Primary School Gymnasium
900 Inman Dr.
Red Oak, IA 51566
- REGISTER:** Register at the Front Desk @ The Y!





FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY



TIGER GIRL'S 7TH - 8TH GRADE BASKETBALL CAMP

Register Online @ www.MCYMCA.com/OnlineRegistration
 Or Return to the YMCA at 101 E Cherry Street, Red Oak, Iowa

Participant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact #: ___/___-___ E-Mail: _____
 Parent Work # & Name: ___/___-___ _____
 Grade entering 2018-19 School Year ___ Birth date: __/__/__
 Medical Insurance Company/ Policy Number: _____
 Allergic reactions or Medications Currently Taking: _____
 Any past illnesses or other information that would be useful in the event medical treatment is necessary: _____

**Cost: Register by July 22nd
 \$20.00**

CONSENT FOR PARTICIPATION

THE UNDERSIGNED parent(s)/guardian(s) of _____, who is a child under the age of 18 years, with understanding of the potential risks of injury to the child by reason of the child's participation in the following activity: **Montgomery County Family YMCA's Basketball Camp** does/do hereby consent to the child's participation in the activity.

The potential risks of participation include, but are not limited to, the risk of injury to the child from contact with other participants and contact with or use of equipment used in the activity.

The parent(s)/guardian(s) affirm that by signing this consent each understands that participation of the child is voluntary and that the parent (s)/guardian(s) have explained to the child that this means that the child is free at any time to stop participation in the activity.

By this consent and with the child's continued participation in the activity, the parent(s)/guardian(s) voluntarily accept the risk of injury to the child by reason of the child's participation in the activity.

THE UNDERSIGNED provide the following contact information to obtain consent to treat the child in the event of injury or illness during participation:

Name	Address	Telephone No.
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If the contact person named above cannot be reached, the undersigned give consent for supervisory staff to provide the child emergency medical care and treatment and further necessary and reasonable treatment by a licensed professional caregiver selected by supervisory staff.

Parent/Guardian Signature	Print Name	Date
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