



**Mercer Island High School Girls' Basketball Jr. Hoopsters
Winter Camp 2011-2012**

Who: Girls grades K-5

What: Improve your basketball fundamentals while learning new skills and drills in a fun, high-energy environment. The MI Junior Hoopsters camp will be under the supervision of the MIHS Girls' Basketball coaching staff and MIHS Girls' Basketball players. Proceeds will directly benefit the MIHS Girls' Basketball Program.

When: December 3, 10
January 7, 14, 21, 28
February 4, 11

Grades K-2 11:00am-12:00pm
Grades 3-5 12:00pm-1:00pm

Where: Mercer Island High School Main Gym

Cost: 8 session camp costs \$100 and includes a camp t-shirt.

How: To register, please mail in registration form, medical release form and check made out to: **MIHSGBB**. Include the player's name on the memo line please!
Please send in the forms and check to:
Mercer Island High School
c/o Jamie Prescott, 9100 SE 42nd Street, Mercer Island, WA 98040

Questions: Email MIHS Assistant Coach Beth Christofferson at bethchristofferson@hotmail.com

Player's Name: _____

Grade Level: _____

Phone Number: _____

T-Shirt Size: YM YL YXL AS AM AL AXL



MERCER ISLAND GIRLS BASKETBALL BOOSTER CLUB
MEDICAL AUTHORIZATION, RELEASE AND HOLD HARMLESS AGREEMENT

PLAYER NAME: _____

DATE OF BIRTH: _____ GRADE: _____

ADDRESS: _____ PHONE: _____

PARENT'S E-MAIL: _____

FATHER/
GUARDIAN NAME: _____ CELL# _____

MOTHER/
GUARDIAN NAME: _____ CELL# _____

EMERGENCY
CONTACT: _____ PHONE# _____

RELEASE

In consideration of your acceptance of this release, I, intending to be bound, do hereby, for myself, the athlete, heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which may have or which may here after accrue to the athlete against the Mercer Island Girl's Basketball Booster Club or the Mercer Island School District, or any other support group of organization, their respective officers, agents, representatives, successors, and/ or assigns for any and all damages which may be sustained and suffered by the athlete in connection with her association with or participation in any and all camps, practices, games, or tournaments involving her participation in camps or teams or which may arise out of traveling to or returning from said events.

I, or we, the parent(s) or guardian(s) of the athlete, grant to the directors, assistants, or assigned chaperones of the Islander Girls' Basketball Booster Club and the Mercer Island School District the right to act as guardian/spokesperson in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my/our daughter while at above named activities. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

SIGNATURE(S) OF PARENT/GUARDIAN

MEDICAL INSURANCE
PROVIDER: _____

POLICY HOLDER: _____

PHYSICIAN: _____ PHONE #: _____

HOSPITAL
PREFERENCE: _____ KNOWN
ALLERGIES: _____

MEDICINES UTILIZED: _____

PRE-EXISTING HEALTH CONDITIONS: _____