![C:\Users\nicole.richards\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\620TI8EZ\Basketball-Goals[1].jpg]()

WHAT: 2017 YOUTH CAMP FOR GRADES 3 -8

-GIRLS AND BOYS

WHEN: JUNE 5TH – 7TH FROM 9 AM - 12 PM

* EARLY DROP OFF AVIALABLE AT 8AM ($10 additional)

COST: $50 CASH, MONEY ORDER OR CHECK

-CHECKS MADE OUT TO MAHS TIP OFF CLUB

CONTACT: COACH JACKSON

CHRISTOPHER.JACKSON@WALTON.K12.GA.US

INFORMATION SHEET: JUNE 5-7

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE:\_\_\_\_\_\_\_\_\_\_

PARENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME AND NUMBER:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that my son/daughter will be participating in basketball activities. I will not hold Walton County Schools, Monroe Area High School, coaches, sponsors or camp counselors liable if my child gets injured while participating in this youth camp. I understand that I will be contacted immediately if my child gets hurt or becomes ill. If I cannot be reached please contact the emergency contact listed above. If necessary, my child may be transported to the nearest hospital for treatment if deemed necessary by the staff.

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_