



# ASHLEY 2016 SUMMER BASKETBALL



## SKILLS CAMP

When: July 25-28, 2016 (9:00am – 12:00pm)

Where: Ashley High School Gymnasium

Who: Rising 3rd thru 9th Graders (Boys & Girls)

Cost: \$60 (T-shirt Included – NHCS Staff kids \$40)

\*Camp will include basketball fundamentals, drills, defensive concepts, and fun game competitions with the Ashley Basketball Coaches and Players.

\*Please make checks payable to Ashley High School. Bottom form and payment can be dropped off at AHS main office or mailed to AHS Attn: Coach Guthrie.

\*Please email [webster.guthrie@nhcs.net](mailto:webster.guthrie@nhcs.net) with any questions.

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NAME \_\_\_\_\_ AGE \_\_\_\_\_  
 CURRENT SCHOOL \_\_\_\_\_ GRADE NEXT YEAR \_\_\_\_\_  
 PHONE # \_\_\_\_\_  
 ADULT T-SHIRT SIZE: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_  
 PARENT'S NAME \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 IN CASE OF EMERGENCY, CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

I AUTHORIZE THE STAFF OF THE ASHLEY HIGH SCHOOL BASKETBALL CAMP TO ACT FOR ME IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION FOR MY CHILD. I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT ME IN CASE OF INJURY OR ILLNESS DURING CAMP ACTIVITIES. I HEREBY WAIVE AND RELEASE THE ASHLEY HIGH SCHOOL BASKETBALL CAMP OF ANY LIABILITY.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE

PLEASE LIST ANY KNOWN MEDICAL PROBLEMS WE SHOULD BE AWARE OF:  
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