# Session One: 6/17 – 6/20, Monday to Thursday 3pm to 6pm - $100

# Session Two: 6/24 – 6/27, Monday to Thursday 3pm to 6pm - $100

# Location: Capistrano Valley High School Gymnasium

# **Athletes may attend one or both sessions**

# **Make checks payable to - CVHS Girls Basketball**

# **All athletes must have a current physical on file with CVHS – go to:** [**www.athleticclearance.com**](http://www.athleticclearance.com)

# **Summer League games will be played in June and July – location, dates and times to be determined. Summer teams will be based on summer camp evaluations of skill level and experience.**

# Email Athletic Director: Gil Ramirez with questions – [grramirez@capousd.org](mailto:grramirez@capousd.org)

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**Summer Camp Registration and Insurance Waiver Form**

Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Parent Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I/We, the aprents(s) or guardian(s) of the above-named child, hereby release, absolve, indemnify and hold harmless the Capistrano Unified School District, Capistrano Valley High School, CVHS Basketball Coaching Staff and CVHS Athletics for any injuries or damage that the child named above may receive or cause during the stated practice/camp/summer league. I/We assume all risks and hazards incidental to the conduct of athletic/basketball related activities. I/We hereby acknowledge that the above named child is covered under our family health insurance.*

Print Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_