

WENATCHEE HIGH SCHOOL GIRLS BASKETBALL

GIRLS BASKETBALL

WINTER MINI CAMP

DECEMBER 28-29



**Join us to develop your basketball skills
and learn what it takes to be a Panther!**

K-2ND GRADE 9-11AM

3RD-5TH GRADE 12-2 PM

REGISTRATION \$60

**Includes: Camp, t-shirt, entry to and game day
experience for WHS vs. Ridgeline 12/30 @ 4pm**

**Cash or Check made out to
Wenatchee Girls Basketball**

MORE INFO VISIT : WWW.WENATCHEEPANTHERS.COM

1101 MILLERDALE AVE WENATCHEE, WA 98801

Wenatchee High School Girls Basketball

Mini Camp Registration

December 28-29, 2022

Registro de Campamento de Baloncesto

28-29 de diciembre 2022

Name/Nombre: _____

Parent Name/Nombre del Padre: _____

E-Mail/Correo Electronico: _____

Address/Direccion: _____

Phone/Telefono: _____ Entering Grade/Grado: _____

T-Shirt Size Circle one (Youth Sizes): XS S M L XL

Camiseta juvenil, Circula la medida

\$60 Cash or Check: Payable to WHS Girls Basketball

\$60 Efectivo o Cheque: A nombre de WHS Girls Basketball

Pay Online/Paga en linea:

<https://wa-wenatchee-lite.intouchreceipting.com/>

*Return registration & payment to the WHS Athletic office - OR - at check-in
Regresa registracion y pago a la oficina de WHS Atleticos –O- durante el reigstro*

Release for Medical Treatment. I approve of my child's attendance at the Wenatchee Kids Panther Basketball Camp and certify that she is in good health and able to participate in the camp's activities. I authorize the camp staff to attend to any health problem or injury my child may incur while attending camp. I hereby release and hold harmless the Wenatchee Panther Kids Basketball Camp, Wenatchee School District and any representative thereof from any and all liability that may arise from my child's participation in the camp. I acknowledge that I am responsible for any and all medical expenses due to my child's injury or illness.

Permiso de Tratamiento Medico. Apruebo la asistencia de mi hija al campamento de baloncesto y certifico que esta en buena salud para participar en las actividades del campamento. Autorizo al personal del campamento a atender cualquier problema de salud mi hija puede sufrir mientras asiste al campamento. Por la presente libero y eximo de toda responsabilidad al campamento de baloncesto de Wenatchee, al distrito escolar de Wenatchee y a cualquier representate del mismo de toda responsabilidad que pueda surgir de la participacion de mi hija en el campamento. Reconozco que soy responsable de todos y cada uno de los gastos medicos debido a la tratamiento de mi hija.

Parent/Guardian Signature: _____

Firma de Padre/Guardian