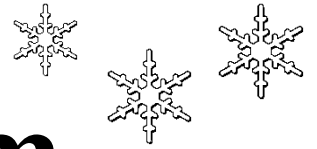


The Squalicum High School Boys & Girls Basketball Teams

Present



Winter Jam

1-Day basketball skills camps for grades 3-8

Boys: Thursday, December 22, 10am-2pm

Girls: Tuesday, December 27 10am-2pm

Benefits of Winter Jam include:

Individual & Group Instruction by Squalicum High School players & coaches:

- ❖ Shooting
- ❖ Individual Offensive Moves
- ❖ Games and Contests
- ❖ Passing
- ❖ Rebounding
- ❖ Defense

Questions?

Boys: Coach Dave Dickson

(david.dickson@bellingshamschools.org) 360-201-5218

Girls: Coach Vic Wolffiss vwoffis@mvsd320.org 360-325-2010



Name of Player _____

Parent/Guardian Name(s) _____

Address _____

City, State _____ Zip Code _____

E-Mail _____

Phone _____

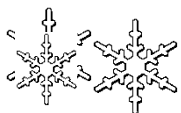


Pre-register (@SqHS ASB office) by Dec 16 for only \$20!

Hoopy Holidays!

Day-of-the-event registration is \$25

Make checks payable to "SqHS ASB"



Return this form (including liability form on back) to the SqHS ASB office or bring it on the day of the event



Winter Jam Hoop Camp

Permission/Medical Information/Hold Harmless Form



Name of Student: _____

Place/Activity: _____ Supervisor: _____

Date of Activity: _____ Time of Activity: _____

Medical Information: In the space below, please list special health problems we need to be aware of (severe reaction to bee stings, severe food allergies, asthma, diabetes, seizures, etc.), medications being taken or special diets needed:

Hold Harmless: Although I understand that Bellingham School District will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in my child's participation in this activity. Further, I accept full responsibility for the behavior of my child during this activity and agree to hold harmless the school, school district, district employees, volunteers and board members for any injury or illness of any nature whatsoever associated with my child's participation in this activity, negligence notwithstanding.

In the event of an injury or illness, I understand that reasonable effort will be made to contact the parent immediately. However, I am aware that if the injury or illness appears serious and the parent cannot be reached, the adult in charge will secure emergency medical care as needed.

Being fully aware of the risks, I hereby give my consent for the above named student to participation in the above mentioned activity.

Parent/Legal Guardian Signature

Date

Student Signature (for grades 6-12)

Parent/Legal Guardian Printed Name

Phone Number: Home/Cell/Work

Emergency Contact Person

Emergency Contact Phone Number

Name of Preferred Doctor

Doctor's Phone Number

