

Become a Lady Badger!
June 22-24, 2020
Girls Fundamentals and
Shooting camp



2nd grade-9th grade
8-12 Each Day

Free Camp T-Shirt

RSVP ASAP via text to Coach Johnson
505.553.1122

Bring forms and payment to camp.
Cash or make checks payable to: Lady Badgers
Basketball Boosters

Looking forward to seeing all of you
future Lady Badgers at THE DOME!

Prescott High School 1050 N. Ruth St. Prescott, AZ. 86301

Please RSVP ASAP via text to Coach Johnson 505.553.1122 so that we can get approximate numbers and shirt sizes and then bring forms and payment to camp. (Cash or make checks payable to: Lady Badgers Basketball Boosters.) Thank You!

Camper

First name: _____ **Last name:** _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

Grade (2020-21 school year): _____

Birth date: _____

Phone: _____ **E-mail:** _____

Additional Camper

First name: _____ **Last Name:** _____

Grade (2020-21 school year): _____

Birth date: _____

T-Shirt size: (circle one) YS YM YL S M L

1 Player fee: \$50

Parent signature: _____ **Date:** _____

Camp location: The Dome at Prescott High School

1050 N Ruth St. Prescott, AZ. 86301

We can't wait to see all of you future Lady Badgers at camp!!!



SUMMER TRAINING, PRACTICE, CLINIC, OPEN GYM, ACTIVITIES AND CAMP RELEASE FORM

Participant's Name: _____

Parent(s) Name: _____

Parent(s) Phone Number: _____ and/or _____

Emergency Contact: _____ Phone: _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, _____ to participate in the activity of _____ at Prescott High School. In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby authorize the coach or other supervising adult to obtain medical treatment for my daughter/son for such injury or illness during this activity, and I hereby hold PUSD, Prescott High School and its representatives harmless in the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with her or his participation. I further acknowledge and understand that my daughter/son is assuming the risk of such physical illness or injury by her/his participation, and I further release PUSD, Prescott High School and its representatives from any claims for personal illness or injury that my daughter/son may sustain during participation in this activity.

I further understand that Prescott High School has established rules and regulations pertaining to conduct, behavior and activities of all students and participants, by which my daughter/son must abide during participation in this activity, and that my daughter/son and I will be responsible for her/his failure to abide by those rules and regulations.

My daughter/son and I have read and understood the above Medical Treatment Authorization and Liability Release.

Signature of Parent or Guardian

Date