



Roy High School



Girls Basketball Camp 2017

June 5th-7th

Where: Roy High School (Smith and Lower Gyms)

Who: Girls entering grades K-10th

Time: 9:00-12:00 pm (Smith/Lower Gym)

Cost : \$40 (Pre-registration by June 2nd)

\$50 (Day of registration on June 5th)

* Make checks payable to: Roy High School

*Camp will feature instruction from the Roy High Girls' Basketball Staff and players.

***Prizes* *Awards* *Competitions* *Camp T-Shirts*
*Daily Refreshments***

*Any questions please contact Coach Carolyn DeHoff

Phone: #801-391-7480 or E-mail: cadehoff@wsd.net

Ways to Register:

1. Go to the bookkeeper at Roy High School and register (\$40)
2. Mail registration form found on back & check (\$40) to:

Roy High Girls Basketball

c/o Carolyn DeHoff

2150 W. 4800 S.

Roy, UT 84067

3. Register June 5th between 8:30-9:00 am at Roy High School (Smith Gym Foyer)

*Cost is \$50 if paid on June 5th

Registration and Parent Release Form

*Please return this form and \$40 to Roy High School by June 2nd

Participant Name: _____

Address: _____

City: _____ Home Phone: _____

Next Year in School: K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th

T-Shirt Size: Youth: S M L Adult: S M L

Parent/Guardian Name: _____

Cell Number: _____

Work Number: _____

E-Mail: _____

Acknowledgement & Medical Consent Form

We the Parents/Guardians of _____
(Name of Participant)

Do hereby acknowledge that we have been advised, cautioned, and warned by the proper administrative and coaching personnel that our child may suffer an injury by participating in sports. Notwithstanding such warnings and with full knowledge and understanding of the risk of injury, the above named student has our consent to participate in this camp. In the event that an emergency arises during the camp, an effort will be made to contact the parents/guardians as soon as possible. If the parents or guardians cannot be reached, permission is hereby granted to the attending physician to proceed with any emergency medical or minor surgical treatments, x-ray examinations and immunizations for this athlete. In the event of serious illness, significant injury or the need for major surgery, the attending physician will attempt to contact the parents or guardians. If the physician is not able to communicate with the parents/guardians, the treatment necessary for the best interest of this athlete may be given. Permission is also granted to the coach or athletic trainer to provide the needed emergency treatment to the athlete prior to admission to the medical facilities.

Parent/Guardian Signature Date

Participant Signature Date