



2020



LADY WILDCAT BASKETBALL CLINIC

DATE: MONDAY, TUESDAY, WEDNESDAY, THURSDAY
JUNE 22, 23, 24 & 25

TIME: 9:00 AM—NOON

FEE: \$35.00 includes: *Basketball Instruction
*Wildcat T-Shirt



PLACE: MULVANE HIGH SCHOOL

GRADES: 9TH—12TH GRADE

REGISTRATION DEADLINE: Wednesday, June 17th, After June 17 \$40.00

HIGH SCHOOL LADY WILDCAT BASKETBALL CLINIC—SUMMER 2020

NAME: _____ PHONE/CONTACT: _____

GRADE 20/21: _____

T-SHIRT SIZE: *circle* **A SM** **A MED** **A LG** **A XL** **A XXL**

*Registration & check payable to Doug Evers, Girls Basketball Camp mail to:

Doug Evers, PO Box 292, Mulvane, KS 67110

FEE BY JUNE 17: \$35.00 FEE AFTER JUNE 17: \$40.00 Amount Enclosed \$ _____

Medical Release: All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted and the form signed by a parent/guardian of the camper.

Insurance Company _____ Policy Number _____

PARENT/GUARDIAN - Please read and sign:

The undersigned, being a parent or legal guardian of the child requesting camp admittance, am familiar with the risks inherent in participation in the Wildcat Summer Camps/Clinics. I hereby authorize the director of the Wildcat Camp/ Clinic to act according to their best judgement in an emergency requiring medical attention in case neither the parent/guardian nor the emergency contact cannot be reached. I also hereby waive and release the camp, staff members, and USD 263 from any liability for any injuries while at camp.

PARENT/GUARDIAN SIGNATURE: _____

***** ANY Questions contact Doug Evers @ devers@usd263.org**