



2020



# JUNIOR LADY WILDCAT BASKETBALL CLINIC

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

TIME: 1:00 PM—4:00 PM

FEE: \$35.00 includes: \*Season Pass to ALL Home BASKETBALL Games  
\*Basketball Instruction  
\*Wildcat T-Shirt

PLACE: MULVANE HIGH SCHOOL

GRADES: 6TH—8TH GRADE GIRLS



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

## JUNIOR LADY WILDCAT BASKETBALL CLINIC—SUMMER 2020

NAME: \_\_\_\_\_ PHONE/CONTACT: \_\_\_\_\_

GRADE 20/21: \_\_\_\_\_

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

\*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](mailto:devers@usd263.org)