**David Douglas Girls Basketball Camp 2019**

****

**When:** Monday June 24 – Thursday June 27

**Time:** 10:00 am – 2:00pm

**Where:** David Douglas High School North Gym

 1001 SE 135th

 Portland, OR 97233

**Who:** Any girl entering 3rd – 9th grade in 2019-2020

**Cost:** $50 per athlete before May 31st, $60 after May 31st

**\*Cost includes a T-Shirt\***

**Coaches:** David Douglas High School Coaches

 Middle School Coaches

High School Players

**Format Includes:**

**-Daily Fundamentals including: passing, shooting, ball handling, rebounding, 1 on 1 and team defensive techniques**

 **-Skills Contests**

 **-Agility and footwork drills**

 **-Games and Fun!!!**

**What to Bring:**

 **-**Athletic clothing and shoes

 -Water Bottle

 -Lunch everyday

**Send registration form and make checks out to:**

**DDHS Girls Basketball**

**1001 SE 135th**

**Portland, OR 97233**

Questions? Email chris\_cavanaugh@ddsd40.org

Or Call 503-896-5904

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade (2019-20)\_\_\_\_\_\_\_\_

Parent/Guardian Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size (**Youth**) S M L XL (**Adult)** S M L XL

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Scots Basketball Academy to be held at David Douglas High School.

**\*We will be taking pictures during the week and your camper’s picture MAY be taken and used for future advertising on social media or other platforms. Their names will never be used, please check the box below if you do not give your consent for your child to be photographed.**

**❑ CHECK IF YOU DO NOT GIVE YOUR CONSENT FOR YOUR PLAYER TO BE PHOTOGRAPHED**

Medical Coverage: It is understood by the parent/guardian of the participant that David Douglas School District does not pay for medical expenses related to injury or provide medical or accidental injury insurance coverage. Therefore, parent/guardian will provide for the participant in the following manner:

❑ I/we wish to purchase student accident insurance. (Contact your school secretary)

❑ I/we have purchased 12-month student insurance for the 2016-2017 school year, and it is still in effect.

❑ We have a family plan, name of company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As parent/guardian, I/we understand the district does not provide medical insurance coverage. I/we understand any expense as a result of accidents, medical, hospital, ambulance service, or emergency services incurred on behalf of a student will not be covered by the David Douglas School District. I/we understand further that there may be expenses in addition to what the insurance will pay, and I/we acknowledge my/our responsibility for those expenses.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian