

Northville High School

Women's



Basketball

NORTHVILLE MUSTANG 2010 GIRLS BASKETBALL SUMMER CAMP

www.northvillebasketball.com

Presented by the Girls Basketball Staff
(The Boys Camp will be held July 12-15)

- FOR: All Girls **Currently** in Grades 2-8 (as of the 2009-2010 school year).
- DATE: Monday **June 21** through Thursday **June 24** at the Northville High School Gym.
- TIME: **9:00am-12:00noon**
- COST: The cost for the camp is \$100.00
Please make checks payable to:

Northville High School Basketball
Attention: Todd Gudith
Northville High School
45700 Six Mile Road
Northville, MI 48168

OBJECTIVE: The goal of the Mustang Girls Basketball Summer Camp is to teach the fundamental skills of playing basketball. The athletes will receive instructions from the Mustang Basketball Staff and Players. The camp will include drills, games, contests, and FUN. Finally, we hope to use this event as a foundation and orientation to a successful basketball program.

No confirmations will be mailed
E-mail Questions to: GudithTo@northville.k12.mi.us
Please cut and return by June 4th

Player Name: _____ Parent Name: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: (____) _____ Current Grade: _____ School: _____

E-mail address: _____ T-shirt Size: Youth: S M L Adult: S M L XL

LIABILITY WAIVER & MEDICAL COVERAGE ACKNOWLEDGE

PLEASE READ AND SIGN BELOW: I certify that it is with my full knowledge and consent that my child named above may take part in the Northville High School Summer Basketball Camp June 21-24, 2010. **I RELEASE AND HOLD HARMLESS** on behalf of my child, myself, and our representatives, the Northville Public Schools, the Northville Basketball Programs, their coaches, their volunteers and their players from liability for injuries or damages which my child may sustain while participating in this activity even if the injuries or damages are caused by the sole negligence of the Northville Public schools, the Northville Basketball Programs, their coaches, their volunteers and their players. **I UNDERSTAND I AM RESPONSIBLE** for medical coverage for my child.

Parent signature: _____ Date: _____