



SKILLFACTORY
3rd-8th Grade Girls' Basketball Camp
"NEVER OUT WORKED"



When: Wednesday's 4:30-5:45– Starting June 6th and ending July 25th

Where: New Williston High School:

Cost: \$50

What to Bring:

Attached medical waiver

Water bottle

T-shirt/Shorts

Work Ethic

Gym Shoes

Enthusiasm

FOCUSED SKILLS:

Ball Handling- Hand-eye coordination, hand quickness, head up

Shooting– Footwork, Shooting pocket, Elbow, Follow thru

Defense– Stance, Arms and Hand placement, Anticipating

Movement– Direct line attack, Foot Attack, Without ball

Objective: *To have fun and spread passion for the sport of basketball. We want our campers to walk away knowing basic offensive fundamentals, defensive fundamentals, and an understanding to always work hard.*

SKILLFACTORY CAMP

REGISTRATION FORM

Student's Name: _____ Shirt Size (Circle One): XS S M L XL 2XL 3XL

Grade for the '18-'19 School Year (Circle One): 3 4 5 6 7 8

Guardian's Name: _____ Phone Number: () _____

Emergency Contact's Name: _____ Phone Number: () _____

SKILLFACTORY CAMP Costs: \$50.00 Please Make Checks Payable to: *Williston High School*

Donate → _____ *If you wish to scholarship another student, please include an additional \$50 with your payment. THANK YOU!*

RELEASE FORM

Release: This release is executed by the undersigned to Williston Public School District #1, its officers, agents and employees, and other entities associated with the SKILLFACTORY CAMP. In consideration for being permitted to participate in the SKILLFACTORY CAMP, I/we the undersigned, in full recognition and appreciation of the dangers and hazards inherent within, do hereby agree to assume all the risks and responsibilities surrounding my participation therein, and further, do for myself, my heirs, and personal representatives, hereby hold harmless, release, and forever to Williston Public School District #1, its officers, agents and employees, and other entities associated with the SKILLFACTORY CAMP from and against any liability, claims, demands, actions, or cause of action, on account of damage to personal property or personal injury or death which may result from my participation therein. Any injury resulting from this program will be the financial responsibility of the participant, participant's guardian and/or the participant's personal insurance.

Emergency Medical Care Release: I/We do hereby grant permission to the attending physician and/or emergency medical personnel to carry out any and all necessary medical and/or first aid procedures on (full name of student) _____ in the case of an emergency. I/We (parents/guardians) understand that every effort will be made to contact us before any procedures are carried out, if possible. However, we understand that there may be a situation in which the emergency care must be undertaken immediately by the attending physician and/or emergency medical personnel. I/We hereby give our consent to the above-mentioned medical personnel to carry out such procedures if immediately necessary. I/We further acknowledge that the Williston Public School District #1 does not carry or provide medical insurance to participants in programs who may be injured or become ill while participating in the SKILLFACTORY CAMP. All such costs are the responsibility of the parents/guardians.

Disclaimer of Liability: The student, in attending the SKILLFACTORY CAMP and in using any program facility, does so at his/her own risk. The Williston Public School District #1, its officers, agents and employees, and other entities associated with the SKILLFACTORY CAMP shall not be liable for any damage arising from personal injury sustained by the student during the program session and so hereby fully and forever exonerate and discharge the Williston Public School District #1, its officers, agents and employees, and other entities associated with the SKILLFACTORY CAMP, from any and all claims, demands, damages, right of action or causes of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the student's participation in the program session and in the use of the facilities.

We (students and parents/guardians) acknowledge that we (student and parents/guardians) have been properly advised, cautioned, and warned by the program directors and coaches that by participating in the SKILLFACTORY CAMP exposes oneself to risk of serious injury including but not limited to sprains, fractures, ligament and/or cartilage damage which could result in a temporary or permanent, partial, or complete impairment in the use of any limb, brain damage, paralysis, or even death. Having been so cautioned and warned of the risk of injury, it is still my (student) desire to participate in the program and we (parents/guardians) give our consent for our child to participate in the program.

I/We (student and parents/guardians) certify that to the best of my knowledge, (full name of student) _____ is in good physical condition and has no disease or injury that would impair their performance in program. I/We hereby consent to the participation of my child, in the SKILLFACTORY CAMP. If my child fails to obey program rules, the Program Directors have authority to eject my child from program.

Parent/Guardian's Signature: _____ Today's Date: _____