

2008

TITAN Basketball Camp

(at the PHS gymnasium)

June 23rd – 26th

Grades	Times	Price
4 th -6 th	9am-11:00am	\$100
7 th -8 th	11:30am-1:30am	\$100

(Grade level based upon the 2008-2009 school year.)

Camp includes expert instruction from Poway High School Coaching Staff, fundamental skill work, games and prizes, and official Poway Boys' Basketball T-Shirt.

Make Checks Payable to: Poway Boys' Basketball

Mail to:

Coach Aaron Little
c/o Poway High School
15500 Espola Rd.
Poway, CA 92064

Questions: Email Coach Aaron Little at alittle@powayusd.com

2008 Titan Basketball Camp

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Grade (as of Fall 2008): _____ DOB: _____ T-Shirt Size: **S M L XL XXL**
(Circle one, all shirts are adult sizes)

Father's Name: _____ Email Address: _____

Work #: _____ Mobile #: _____

Mother's Name: _____ Email Address: _____

Work #: _____ Mobile #: _____

List any medical problems or prohibitions the player has: _____

Person to notify in emergency: _____ Phone #: _____

Doctor to notify in emergency: _____ Phone #: _____

IMPORTANT – I, the undersigned parent/guardian of this registrant, a minor, agree that the registrant and I will abide by the rules of Poway High School, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with basketball and in consideration for Poway High School accepting the registrant for its basketball programs and activities (the “Programs”), I hereby release, discharge and/or otherwise indemnify the Poway High School, its affiliated organizations and sponsors, their employees and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant’s participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT (MINOR) – As the parent or legal guardian of the above named player, I hereby give my consent for the emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Name (Please Print): _____ Signature: _____