

SOMERSET BASKETBALL CAMP / 6TH THRU 8TH GRADE

Middle School Grades 6 - 8 (grade as of Fall 2024) / June 4-6th (Tuesday, Wednesday, Thursday)

Hello Spartan basketball players - We would like to invite you to our upcoming Somerset Basketball Camp. Together we will focus on basketball development, ways to improve your skills at home, proper shooting form, teamwork, and fun.

When: June 4(Tuesday), June 5 (Wednesday), June 6 (Thursday)

Where: Somerset High School Gym

Who: Players grades 6 - 8 (grade as of fall 2024) Players will be grouped by age level

Times: 12:15 - 1:45

Cost: \$40.00 (checks made payable to Somerset Basketball Association)

Please return registration as soon as possible so t-shirts can be ordered.

Three options: Please return registration and payment to:

Return to Cory Kreibich at the Somerset Elementary School

Return to Troy Wink at the Somerset High School

Mail registration to:

Cory Kreibich

596 200th Ave.

Somerset, WI 54025

Player Name _____

Parent / Guardian Name(s) _____

Contact Cell Number(s) _____ **Grade (for 23-24 school year)** _____

Email _____

Shirt Size (circle one)

Adult Small

Adult Medium

Adult Large

Adult XL

Consent for Medical Treatment:

If your son is under the age of 18 years while at our camp, it is our policy to secure consent for medical treatment. In case of illness or injury, permission is granted to treat the participant at any appropriate medical facility. By signing below you are giving your consent in advance for medical treatment.

Hold Harmless Agreement:

Furthermore, I hereby state that I am aware of and accept the risk inherent in the program activity. The below signed does not hereby agree to harmless and indemnify the Spartan Basketball Camp, their offices, agents, and employees from any and all liability, loss, damage, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. All liability for injury and other claims is forfeited by the participant against the School District of Somerset of any personnel involved with the camp.

Parent/Guardian Signature _____ **Date** _____